Lectures

ON THE

DIAGNOSIS AND TREATMENT

OF THE VARIOUS FORMS OF

PARALYTIC, CONVULSIVE, AND MENTAL AFFECTIONS,

CONSIDERED AS EFFECTS OF MORBID ALTERATIONS OF THE BLOOD, OR OF THE BRAIN OR OTHER ORGANS.

BEING A COMBINATION OF THE

Gulstonian Lectures, delivered at the Royal College of Physicians of London in February, 1861,

AND OF

Clinical Lectures delivered at the National Hospital for the Paralysed and Epileptic,

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LECTURE II.—PART II.

ON THE SYMPTOMS OF ORGANIC DISEASE OF THE BASE OF THE BRAIN.

Symptoms of loss of function in cases of disease of the corpora striata, of the optic thalami, the tubercula quadrigemina, and parts of the base of the brain near the olfactory and optic nerves—Symptoms of paralysis of nerves of bloodvessels—Table of symptoms of loss of function in the various parts of a lateral half of the cerebro-spinal axis—Symptoms due to an irritation of the sensitive, the voluntary motor, and other nerve-fibres and nerve-cells.

IT is generally easy to diagnose the existence of an organic disease in the pons Varolii or the medulla oblongata, on account of symptoms of paralysis of the numerous nerves arising from or near to these nervous centres; but it is difficult to diagnose the existence of an organic affection in the corpora striata or the optic thalami, parts which do not give origin to nerves. I may even go so far as to say that no positive symptom can lead to the diagnosis that an organic affection exists in the corpora striata or the optic thalami; and I will show hereafter that the views of Dr. R. B. Todd, concerning the relations of these two parts of the encephalon, one with voluntary movements and the other with sensibility, are in opposition to many clinical facts.

Of the other organs at the base of the brain two or three only deserve to be mentioned in this short exposition of the symptoms due to a loss of function. Of these organs one is the anterior cerebral lobes, in that portion which is near the median line, and covers the olfactory nerves. The loss of olfaction in one of the nostrils, combined with a paralysis of the trunk and limbs on the side opposite to that of the lesion, may render it very probable that an organic affection exists in one of the anterior lobes at the place of origin of the olfactory nerve, or acting upon that nerve by pressure or otherwise.

Hemiplegia, combined with loss of sight in both eyes and loss of olfaction in one of the nostrils, may point to the existence of an organic disease of the base of the brain near the median line, acting upon the optic nerve and the optic tract, or upon one half of the chiasma, and also upon the origin of one of the olfactory nerves.

The diagnosis of an organic affection of the corpora quadrigemina of one side is sometimes rendered easy—1st, by the fact that, together with a hemiplegia there is loss of vision of one eye, and that both the paralysis of the limbs and face and the amaurosis are on the same side; 2ndly, by the existence of a paralysis of the pathetic nerve in the eye that is not amaurotic.

From the above examination of symptoms caused by organic affections of various parts of the base of the brain, it results that it is chiefly by the symptoms due to the loss of function of the cranial nerves that we may diagnose the precise seat of the alteration. It is most important, therefore, to find out which of these nerves is paralysed in cases of hemiplegia supposed to depend upon a disease of the brain.

I have now to say a few words on the paralysis of nerves of bloodvessels (the vaso-motor nerves) in cases of organic disease of the base of the brain. This paralysis manifests itself chiefly by a dilatation of the bloodvessels and an increased temperature, owing to an excess in the quantity of blood. Much remains to be learned on this subject; but certain rules may be laid down. For instance, an elevation of temperature is very frequently observed in the paralysed limbs in cases of disease of the base of the brain in other parts than the pons Varolii or the medulla oblongata; while, when a hemiplegia depends upon a disease in a lateral half of either of these two organs (above the decussation of the anterior pyramids), the increased heat is in the limbs that are not paralysed.

The following table will show at the same time what relates to the paralysis of bloodvessels and to the paralysis of sensibility and of voluntary movements in cases of disease of the brain and the spinal cord, limited to a part of a lateral half of these nervous centres.*

Table of symptoms of loss of function, according to the seat of a lesion in a part of a lateral half of the cerebro-spinal axis.

1. Lesion in the optic thalamus, the corpus striatum, or one of the cerebral lobes:—

	On the opposite side.	On the same side.
Sensibility...	Lost	Normal.
Voluntary movements	Ditto	Ditto.
Temperature	Increased	Ditto.

2. Lesion in the pons Varolii or the medulla oblongata above the decussation of the anterior pyramids:—

	On the opposite side.	On the same side.
Sensibility...	Diminished or lost	Increased.
Voluntary movements	Ditto	Normal.
Temperature	Diminished ...	Increased.

3. Lesion in the medulla oblongata at the level of the decussation of the anterior pyramids:—

	On the opposite side.	On the same side.
Sensibility	Diminished or lost	Increased.
Voluntary movements	Ditto	Diminished or lost.
Temperature	Diminished ...	Increased.

4. Lesion in the spinal cord:—

	On the opposite side.	On the same side.
Sensibility...	Diminished or lost	Notably increased.
Voluntary movements	Nearly normal ...	Diminished or lost.
Temperature	Diminished... ...	Increased.

This table shows—

1st. That sensibility is diminished or lost on the side opposite to that of the lesion, wherever it exists.

2nd. That voluntary movements are diminished or lost either in the opposite side or in the side of the lesion, or in both, according to the seat of the lesion.

3rd. That temperature is increased (owing to the paralysis of bloodvessels) in the side of the lesion when it is in the spinal cord, the medulla oblongata, or the pons Varolii; and in the opposite side when the lesion is in other parts of the cerebro-spinal axis.

It is important to remember, that paralysed bloodvessels may contract under the influence of cold, so that the temperature of a part where bloodvessels are paralysed may, at times, be very cold, especially during the first few months after the beginning of the paralysis.

Before concluding the exposition of symptoms of loss of function of the base of the brain, I must say that I have only mentioned in this general outline the symptoms depending upon the loss of function of the various parts of the base of the brain considered simply as *conductors*. In future lectures, when I treat of each of these parts especially and at length, I will speak of the symptoms of loss of their function as *nervous centres* for the respiratory movements, deglutition, the voice, &c.

2nd. *Symptoms due to an irritation of a part of the base of the brain.*—The symptoms of disease of the base of the brain

* This table has appeared already in THE LANCET (in December, 1858) and in my "Course of Lectures on the Central Nervous System," p. 200; Philadelphia, 1860. I republish it the more willingly that in my book and in THE LANCET it contained an evident misstatement which escaped my notice till very recently.

belonging to this second group, although much more important than the symptoms of loss of function, as they teach much as regards the nature of the lesion, have been very much less investigated. I will divide this second group into four distinct series:—

a. Symptoms of irritation of motor nervous elements (nerve-fibres and nerve-cells).

b. Symptoms of irritation of sensitive nervous elements.

c. Symptoms of irritation of vaso-motor or nutritive nervous elements.

d. Symptoms of irritation of incito-motor and other special nervous elements.

a. Irritation of motor nerve fibres and cells.—I doubt whether the conductors of the orders of the will to the muscles of the trunk and limbs (the voluntary motor conductors) in their passage through the base of the brain are excitable in their normal condition. But there is no doubt that inflammation renders them very excitable, and that then any cause of irritation (pressure by a tumour, by effused fluids, &c.) produces muscular contractions. It is a very interesting fact that certain muscles are very rarely or never attacked with spasmodic movements, although an irritation exists in those parts of the brain where pass the nerves of these muscles. The following is a classification of muscles, beginning with those which are most frequently attacked with contracture, twitchings, cramps, &c., and concluding with those which are hardly or perhaps never attacked with these convulsive contractions, in consequence of an irritation of some part of the base of the brain:—

1st. Muscles of the upper extremities.
2nd. Muscles of the lower extremities.
3rd. Muscles of the globe of the eye.
4th. Muscles of the tongue.
5th. Muscles of the face.
6th. Muscles of the neck.
7th. Muscles of the trunk of the body.
8th. Muscles of the larynx, of the pharynx, of the œsophagus, and the muscles of organic life.

Of the various motor cranial nerves, we find that the three pairs belonging to the eye are the only ones which very frequently give rise to spasmodic contractions, which may assist in the diagnosis of the seat of the injury in the base of the brain. After the third, fourth, and sixth pairs of nerves, the twelfth pair, the hypoglossus, is the one which most frequently gives rise to convulsive contractions. These cannot, however, contribute much to the diagnosis of the seat of the lesion, as the tongue is not rarely attacked with twitchings, even when the roots of the hypoglossus either out of or in the base of the brain do not seem to be at all irritated.

In two cases of inflammation of the lower part of a lateral half of the pons Varolii, I have seen spasmodic movements in the paralysed muscles of the face on the same side. In one of these cases the spasms existed only in those muscles animated by the facial nerve; in the other case the masticatory muscles were also attacked. This state of the muscles of the face helped to the diagnosis of the seat of the disease.

Little attention has been paid to the state of the muscles animated by the eighth, ninth, tenth, and eleventh pairs of nerves in cases of disease of the parts of the brain from which they arise. Most likely it is not a state of paralysis simply which exists in these muscles,—at least in some cases,—but a paralysis with more or less spasm. When more attention shall be paid to this state of muscles some light will be obtained as regards the diagnosis of the seat of the lesion.

As a general rule, I may say that the spasmodic contractions cannot serve so much as the symptoms of loss of function towards the diagnosis of the seat of an organic affection in the base of the brain, but that the indications given by an irritation of the voluntary motor conductors may have a great value when added to the indications furnished by the other group of symptoms.

b. Irritation of sensitive nerve-fibres and cells.—It is very probable that most of the conductors of sensitive impressions, in their passage through the base of the brain, are *inexcitable* in their normal condition. When an inflammation takes place in that part of the brain, the same effect may be observed which is produced in cases of inflammation of the grey matter of the spinal cord: the conductors of sensitive impressions become irritated, and give rise to sensations of formication, of pricking (as by pins and needles), of heat or cold, &c. These sensations are referred to the periphery—i. e., in the paralysed limbs, and especially in the hand and foot. The trigeminal nerve, like other cutaneous nerves, but not so frequently, gives rise to referred sensations (in the face of course, but also sometimes in the anterior part of the tongue). I do not think that the other sensitive cranial nerves (the glosso-pharyngeal, the vagus, and the sensitive fibres which probably exist in the spinal accessory) ever give rise to any of the above-mentioned referred sensations. Not much, therefore, can be obtained for the diagnosis of the seat of a lesion in the base of the brain from the referred sensations that may be felt by the patient. All that can be of service to find out this seat is, that the existence of referred sensations in the face may help in proving that the lesion is in the part of the pons Varolii that gives origin to the trifacial nerve.

c. Irritation of vaso-motor or nutritive nervous elements.—Two kinds of effects may be produced by the irritation of these conductors of nervous influence: one is simply a contraction of bloodvessels, and a diminution of the supply of blood; the other is a special and direct morbid alteration in the nutrition of paralysed parts. The first effect of irritation of this kind of nervous conductors manifests itself chiefly by a diminution of temperature. The second effect is much more important. In a great many cases of inflammation of the base of the brain there is a special kind of pain in some parts of the paralysed limbs where a sub-inflammation has been caused by the irritation of some nutritive nerves in the brain. This pain, as I have already said in my first lecture, is quite distinct from the referred sensations, in this respect, that it is produced or increased when the paralysed limbs are moved, or when a pressure is made upon its seat in these limbs, which is not the case with referred sensations. I will not insist here on the history of this pain, as I shall give it at length when I treat of encephalitis. I will merely say that alterations of nutrition, either with or without pain, may take place in the lungs, in the eye, or in the face, in consequence of irritations in the pons Varolii or medulla oblongata; and that much may be deduced from the existence of these alterations as regards the seat of a lesion in the base of the brain, as no other part, except the two just named, seem able to produce these alterations.

d. Irritations of incito-motor and other special nervous elements.—I have elsewhere* tried to prove that there are a great many nerve-fibres in the base of the brain which are able, when irritated, to produce convulsions and other phenomena, and which are neither voluntary-motor nor conductors of sensitive impressions. It is most likely that these special nervous elements, which abound in the medulla oblongata and all the neighbouring parts, are incito-motor, and that their irritation is the cause of the rotatory movements often observed in cases of disease of the base of the brain. I will not insist now on this subject, as I shall soon have, in a lecture on the cerebellum, to relate several facts which will show what share these special nervous elements have in the symptoms of brain disease. I will simply say that the different features of rotatory movements, as regards their direction, their intensity, their duration, the state of the mind while they exist, may serve to point out what part of the base of the brain is the seat of a lesion. This will be shown when I speak of the diseases of each part of the base of the brain separately.

As a conclusion of this lecture, I will now state that it is by the combined examination of the two kinds of symptoms (those depending upon a loss of function, and those due to an irritation) that the seat of an organic affection in a limited part of the base of the brain will be found out. I need not say that if there is no great value for treatment in establishing this diagnosis of the locality of an organic affection of the brain, there is at least an incontestable importance as regards the prognosis in an accurate diagnosis of that kind. In the next lecture I shall begin the study of the diseases of a part of the brain, and the part of which I propose first to speak is the cerebellum.

* See "Course of Lectures on the Physiology and Pathology of the Central Nervous System," Philadelphia, 1860, Lect. xi., pp. 193-196; and Appendix, pp. 240-243.

THE SUPPLY OF WATER IN PARIS.—According to the Report made by the Commission of Inquiry relative to the waters of the Dhuis, it appears that Paris is one of the places most poorly supplied with water, the quantity being only 90 litres per head per day, while the normal quantity is considered to be 150. Rome is the most highly favoured in this respect, receiving 944 litres per head every day; next come in succession, as regards quantity—New York, 568 litres; Carcassone, 400; Besançon, 246; Dijon, 240; Marseilles, 186; Bordeaux, 170; Genoa, 120; Glasgow, 100; London, 95. Deducting from the quantity for Paris of 90 litres the quantity for public fountains and watering streets, &c., there only remain 35 litres of potable water per day for each inhabitant.

A Course of Lectures
ON
PAIN,
AND THE
THERAPEUTIC INFLUENCE OF MECHANICAL AND PHYSIOLOGICAL REST
IN
ACCIDENTS & SURGICAL DISEASES.

Delivered in the Theatre of the Royal College of Surgeons,

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LECTURE III.—PART I.

MR. PRESIDENT AND GENTLEMEN,—At the conclusion of my last Lecture I was compelled abruptly to cut short the details of an interesting case of pressure upon the ulnar nerve, leading —at least that was my interpretation of it—to gangrene of the third and fourth fingers, and I stated the facts as it appeared to me they ought to be interpreted. Another question arises with respect to this case—Whether the exostosis, which was the source of pressure upon the subclavian artery and upon the ulnar nerve, subsided under the influence of the bichloride of mercury? The exostosis did undoubtedly diminish in size during the time the patient was in Guy's Hospital; but I have not seen her since that time.

I might have said with respect to the details and the treatment of that case, that there was a very swollen condition of the left upper extremity, from pressure upon the artery, and, probably, veins also; the arm was mottled in appearance, and its temperature much diminished, foreboding general gangrene of the limb. By the recumbent position of the body, with slight elevation of the arm, the return of the limb to a comparatively healthy state was very much facilitated and hastened, whilst the pain upon the ulnar nerve became greatly reduced. A large and thick layer of cotton wool was placed around the whole limb, and ultimately portions of the two fingers, which were actually gangrenous, entirely separated; the wounds healed up, and cicatrized healthily, and the patient went out of Guy's Hospital free from pain, and, as far as I know, perfectly well, except that the subclavian artery did not carry blood, nor was any pulsation to be felt in the radial artery, and scarcely any, if any, in the ulnar artery; but the mobility and temperature of the limb were nearly re-established. I might add, that there existed a small exostosis on the first rib of the right side of the chest, not so large as that on the left side. Certainly both exostoses appeared to move with the first rib. I say, appeared to move with the rib, because there may be some surgeons who would question whether the exostosis was connected with the first rib, or with the transverse process of the seventh cervical or first dorsal vertebra. As far as I could tell, this appeared to be associated with the first rib. A very natural inquiry was made of me the other day after lecture: How could I tell that it was the ulnar nerve which was pressed upon by the exostosis? I reply that it was impossible that it should be any other nerve, because there is no other nerve supplying those parts of the fingers which became gangrenous —viz., the ring and little fingers; so that any pain experienced in those fingers must be the result of pressure upon the ulnar nerve; and I mentioned at the time, that when I made pressure upon that nerve which appeared to be most closely associated by its proximity with, and overlaying the exostosis, the patient complained of great pain in the third and fourth fingers. This, then, will complete all I have to say on the case, which is one of great interest; not so much from its own individual value, as that it stands at the head, in point of severity, of a group of cases on which I shall endeavour to enlarge, and which are not generally referred to in books, although, perhaps, not unfrequently seen in practice, and have a very close relation to the subject of these lectures—I mean the subject of "physiological rest." This instance of local gangrene is, I apprehend, an illustration of destruction of tissue from physiological disturbance and interference—that is, by pressure upon the ulnar nerve. If it could have been possible to remove that exostosis before the gangrenous ulceration took place, I believe that those fingers would not have been destroyed.

Within the last three months, I was requested to see a young lady from the country on account of some painful symptoms she had in her right hand, especially in the right little finger and the right ring finger; and associated with these symptoms there was the suspicion of an aneurism of the right subclavian artery. I will not trouble you with all the particulars of this case, but only those which bear upon the suggestions before us. The patient had a slight, hard swelling upon the first rib, which her mother thought had resulted from a fracture that occurred in her childhood, she being now about nineteen years of age. The swelling had lifted up the subclavian artery very much, and gave it the appearance of unusual pulsation, and upon close examination a sort of aneurismal bruit could be heard, apparently the result of some enlargement encroaching upon the subclavian artery. There was really no aneurism. This was a case in point, where something had occurred to the first rib, possibly a fracture, (I rather doubt that myself, still it might have been so,) which led to the pressure upon this ulnar nerve, and had caused the loss of sensation in the little and the adjoining finger, the loss of temperature in those two fingers especially, and very constant pain in them. These are, as far as I can see, the preliminary conditions of the case, which ultimately terminated in gangrene of the fingers. In the case of this young lady, we have only the evidence of deterioration having gone as far as to diminish both the size and the temperature of the fingers, and to produce considerable pain in them. What may be the issue of the case I do not know. The case was, before I saw it, invested with a great degree of anxiety, on the part of both the patient and her friends, for they had received the impression that she had a subclavian aneurism, which would require a serious, and no doubt to her mind a dangerous, operation.

Furred Tongue on one side caused by a Decayed Tooth on the same side.

As I purpose making the case of gangrene of the fingers from pressure upon the ulnar nerve the culminating point of a little group of cases bearing upon this subject of physiological rest, or rather the evil resulting from the want of physiological rest to the nerves, I must request your attention to this sketch of a tongue furred on one side, and comparatively clean on

FIG. 15.

Sketch of a tongue furred only on the left side, resulting from a decayed and painful second molar tooth in the upper jaw on the same side of the head.

the other. I dare say some of you at first sight wondered what this representation could be intended to elucidate, beyond the bare fact of one side being tolerably clean, and the other somewhat furred. Now, this furred condition of the tongue, let me say in anticipation of what I have to speak of more in detail, is frequently associated with a diseased condition of the second division of the fifth nerve; in fact, it is a functional and struc-

tural deterioration depending upon nervous influence, in that respect very much resembling what we have already seen in its extreme condition in the case of gangrene of the fingers.

Furred Tongue on one side, depending on Disease within the Cranium.

The first time I had an opportunity of clearing up such a case as this occurred in 1843. On December 17th, 1843, with Mr. Blenkarne, a surgeon in the City, I examined the body of one of his patients, who had died with disease of the brain and spine. She had suffered from intense pain on the left side of the head. She had also, during her life, a furred tongue on the left side, and scarcely at all on the right side. It therefore became an important point to clear up what was the probable cause of that condition of the tongue. We made a post-mortem examination, and found a diseased spine, as was anticipated. Then, upon very careful examination of the head, for the especial purpose, on turning up the dura mater from the anterior part of the petrous portion of the left temporal bone, we exposed the Gasserian ganglion, or the ganglion of the fifth nerve, and there we found what might be called a scrofulous deposit upon the convex edge of this ganglion, involving the second division of the fifth nerve, more than the third, but still involving all more or less. Here, then, appeared to us to be the explanation of the probable cause of the furred tongue on its left side. This observation was made in 1843; the disease was near the ganglion of the fifth nerve, and on the same side as the furred tongue. If I should not mention that fact again, it will be clearly understood that the diseased condition of the tooth, or of the fifth nerve, was always found on the same side as the furred tongue, and that the fur was confined to the anterior two-thirds of the upper surface of the tongue, over the distribution of the lingual gustatory nerve—a portion of the third division of the fifth.

In 1844, when delivering some lectures upon the nerves at Guy's Hospital, I mentioned this case, and one other that I had seen before, the cause of which I had not distinctly proved. After the lecture, one of the students said, "Look at my tongue; it is furred on one side, and I cannot get rid of it." This sketch was taken from his tongue in 1844. He had a decayed and painful tooth—the second molar in the upper jaw. That tooth was, by my advice, removed, and after a short time the fur on the tongue entirely ceased. Now here, in this case, appeared to be a demonstration, as far as we could judge from these concurrent circumstances, of the probable cause and effect. Here was a painful and diseased second molar tooth in the upper jaw, on the same side as that on which the tongue was furred, and apparently the cause of that condition; for as soon as the tooth was removed the fur on the tongue ceased, and the two sides became quickly alike. This case seems to confirm the opinion as to the cause of the unilateral furred tongue; but there is this peculiarity and difficulty in the explanation, which I am anxious to admit,—that instead of the cause being associated with the third division of the fifth, as you might expect from the lingual gustatory nerve supplying that part of the tongue which is furred, in all the cases which I have seen where the cause was connected with the teeth the seat has appeared to be the first or second molar tooth of the upper jaw (the second division of the fifth nerve) on the same side as that on which the tongue is furred. I must leave others to explain how that occurs. I am responsible for the accuracy of the facts which I have advanced, but I cannot explain the relation of cause and effect in these instances.

Case of Fractured Base of the Skull, with Furred Tongue on one side only.

Some time afterwards a case of fracture of the skull came into Guy's Hospital, where the fracture ran across the foramen rotundum containing the second division of the fifth. In that case the man had furred tongue on the same side, indicating the probable relation of cause and effect.

When Mr. Bransby Cooper was alive, a gentleman was brought to Guy's Hospital, who was believed to have fractured the base of the skull, and being anxious about the case, he requested Sir Benjamin Brodie to see him. That patient had a furred tongue on one side, and he had also indications, from the loss of sensation about the face, that the line of fracture interfered with the second division of the fifth. He had a furred tongue on the same side as that which we supposed to be the seat of injury during the whole time he was in the hospital.

Furred Tongue on one side; Second Molar Tooth of Upper Jaw Diseased.

This t spring, a lady, whom I have known for some years, consulted me regarding some matters not of importance, and I, perhaps not for any very precise purpose, said, "Let me look at your tongue." She put out her tongue, and it was furred on one side. I said, "You have a bad tooth," and she thought it was exceedingly clever on my part. "Yes," she replied, "and I am going to Mr. Bell to have it taken out." She went and had it extracted; I saw her a fortnight afterwards, and all the fur had subsided. This was a second molar tooth in the upper jaw of the same side as the furred tongue.

Very recently my own boot-maker had some little accident, and he came to my house to consult me. I found he had a furred tongue on the right side, and I remarked to him, "You have a decayed tooth in your upper jaw." "No," he said, "I have not; but I have had a bad tooth stopped, and it is very painful when I touch it in this way, (pressing his finger upon his cheek over the tooth;) almost the whole of the time since I had my tooth stopped, my tongue has been like this."

Now these cases, taken together, and made into a series or small group, seem strongly to suggest the influence of irritation or of pressure upon what we may call common spinal nerves, grouping the fifth nerve as a common spinal nerve, although it has its relation only with the face and the head.

Grey Hair on the Temple depending on a Decayed Molar Tooth in the Lower Jaw on the same side.

This spring a person was brought to me by a surgeon suffering very great pain on the left side of his face. He was much exposed to the weather, and he suffered a great deal in consequence. He had taken many things to cure the neuralgia, as it was termed. I observed that he wore a wig, and I asked him the reason. He said, "Curiously enough, the hair on my left temple has all turned grey. I did not like to have black hair on one side and grey on the other, so I had my head shaved and wear a wig." Upon examining his mouth I found he had a decayed and painful molar tooth on the left side of the lower jaw—the third division of the fifth nerve. The patch of grey hair appeared to me to be the effect of the nervous association of the temporal branches of the third division of the fifth nerve and the decayed tooth in the lower jaw. When this second molar tooth in the lower jaw was extracted the neuralgic pain very nearly ceased. I have not seen the patient since, and cannot say whether the hair has recovered its colour. All I can say is, as it was stated to me, that during the time he was suffering extreme pain on the left side the hair over the temporal region became nearly white—that difference in colour suggesting to myself some structural deterioration, and to the patient the propriety of having his head shaved and wearing a wig.

Diseased Molar Tooth of the Lower Jaw producing Excoriation of the Auditory Canal on the same side, and an enlarged Lymphatic Gland, cured by removal of the Tooth.

In last year's lectures I mentioned that a professional friend of mine had suffered from a condition bearing on the subject of the influence of nerves upon the structures supplied by them. That friend, unfortunately, is no more. It was Dr. Addison to whom this happened. The case is one of some interest, and I will repeat it in a few words. Some years ago Dr. Addison had a very offensive discharge from the auditory canal of one of his ears, which annoyed him very much; and below the external ear was a small gland enlarged in the upper part of the neck. He had tried various remedies for this discharge, and had gone, I believe, to some surgeons who attended specially to the ear; but, as far as I could learn, no good resulted from any of the applications. Upon examining the ear from which the offensive discharge proceeded, I found a slight ulceration upon the floor of the auditory canal. On arguing the question out between us, we came to the conclusion that the ulceration probably depended upon a diseased molar tooth in the lower jaw on the same side. We had that tooth extracted, and in a very short time the ulcer healed, the discharge and morbid secretion disappeared from the auditory canal, and as soon as that ulceration was cured the enlarged gland subsided. Here the true cause of error was remotely situated from one of the most prominent symptoms,—namely, the enlarged gland in the upper part of the neck: in that respect the case is of great interest. The case stands also in nice and close association with this group of results of nervous disturbance which prove that irritation induced in a nerve, or pressure upon a nerve, is sufficient to lead to more or less change in function and structure, and that that morbid influence may after a time induce a deterioration resulting in, or sufficient to produce, a furred tongue, ulceration of skin, or gangrene of the fingers. In Dr. Addison's case there was an ulceration in the

auditory canal, and the gland enlarged as the consequence of the exposed lymphatics absorbing and carrying the morbid fluid of the ulcer down to the lymphatic glands. That I believe to be the true interpretation of glandular enlargements from the irritation, as it is termed, of a remote cause; the "irritation" is supposed to travel along the lymphatics to the anatomically associated glands. I believe this hypothesis of irritation is an erroneous idea, and that the true explanation is, the arrival at the gland of a morbid fluid conveyed to it by the lymphatics. I doubt the validity of the reasoning which endeavours to press upon us the conviction that mere irritation can be conveyed from a sore to a lymphatic gland; it must be that the absorbents carry a morbid fluid centripetally to the gland. Fortunately for us, these glands are highly conservative in their tendency, and they stop the progress of the morbid fluid in its onward course towards the circulation of the blood, where its damaging influence might be more diffused, and lead very frequently to the occurrence of the more serious general condition which we are in the habit of denominating pyæmia.

I thought I might be excused this digression, though I hardly think it requires an excuse since it has enabled me to bring before you this illustrative group of cases, which, as far as I know, have not received due attention or a right interpretation.

FIG. 16

This sketch represents the nervous supply to the skin at the anterior and outer part of the wrist-joint, derived from three different trunks. *a*, a portion of the radio-spiral nerve; *b*, a portion of musculo-cutaneous nerve; *c*, palmar branch of the median nerve.

Before quitting the nerves of the upper extremity, I may direct attention to this diagram, taken from Mr. Swan's book on the Nerves. It shows the fascia covering certain tendons just above the wrist-joint, and you observe upon the fascia three nerves arising from three different sources. In truth, the fascia in this portion of the forearm may be said to be the common property of the muscles supplied with nerves derived from the median, the musculo-cutaneous, and the radio-spiral nerves, which latter sends its branches over the tendons of the supinator radii longus, one of the muscles which this radio-spiral nerve supplies. This example is a good illustration of the law exemplified by the same nerve which supplies the muscle supplying the skin over the insertion of the muscle. Here are three different muscular associations — the median nerve, supplying the flexors in front; the musculo-cutaneous, supplying the fascia, which is part of the insertion of the biceps; and the radio-spiral nerve, coming down to the outer side of the arm over the long supinator on its way to the dorsal aspect of the thumb, which it supplies exclusively.

CASES ILLUSTRATING THE TREATMENT OF STRICTURE OF THE URETHRA BY SUDDEN AND FORCIBLE DILATATION.

BY CHRISTOPHER HEATH, ESQ., F.R.C.S.,
SURGEON TO THE WEST LONDON HOSPITAL AND THE ST. GEORGE'S AND ST. JAMES'S DISPENSARY, ETC.

THE method of treating stricture of the urethra both rapidly and effectually by means of the dilator introduced by Mr. Holt, of the Westminster Hospital, does not appear to have attracted that attention in the profession which the exceedingly favourable results would justify. Having had the opportunity of watching the progress of a large number of cases under that gentleman's care, I have adopted his method with the best results, and have selected the four following cases as being good illustrations of the mode of treatment.

Whether a stricture can ever be said to be absolutely *cured* must remain an open question; but a method of treatment which so rapidly restores the urethra to its normal size, and allows of the patient's continuing in perfect health for many months afterwards, as in these cases, is certainly worthy of trial.

Cases 1 and 4 were strictures caused by repeated gonorrhœas, and were of the densest character, the latter being complicated by a *fistula in perineo*. Cases 2 and 3 were of a more intractable nature, being of traumatic origin, the tendency to re-contraction being one of the great characteristics of the affection. In Case 2, the perinæum had been perfectly riddled with fistulæ, which had converted it into an irregular, hardened mass, such as is seldom witnessed, which, however, rapidly disappeared upon the urethra being restored to its normal condition.

It will be noticed that in none of the cases was there any "urethral fever" after the operation, and in one only was there a rigor, which took place on the day *after* the operation, and was consequent upon the passage of an instrument, which might as well have been omitted for a day or two.

CASE 1.—Mr. E. P——, aged twenty-five, came under my care in January, 1860. Has lived a very fast life, and had gonorrhœa repeatedly. Four years since, after a long gleet, first suffered from retention, which was relieved by the use a catheter; but he underwent no regular treatment for the stricture, and since that time he has suffered occasionally from retention, and the stream has been decreasing in size. Two years ago a surgeon passed No. 4 with great difficulty to relieve retention; but this gave him such pain that he has never had an instrument passed since. Has been living carefully for the last year, and his general health has been pretty good, although he is thin and pale. He suffers from frequent nocturnal erections and emissions; the stream of urine is very small and twisted, and is passed with great difficulty and straining.

The patient having the greatest dread of pain, on the 14th of January, 1860, chloroform having been administered, I proceeded to examine the urethra. Found a very dense cartilaginous stricture (which could be clearly felt from without), about two inches from the orifice, and through this with very considerable difficulty I introduced No. 00 silver catheter (i. e., two sizes smaller than the ordinary No. 1). Another stricture existed at the bulb, which gave some trouble; but this was at length overcome, and the catheter entered the bladder. Instrument tied in. Ordered half a drachm of tincture of opium.

Jan. 15th.—Tried to replace the No. 00 by No. 1, but failed (without chloroform), and therefore replaced No. 00. Has had no shivering nor inconvenience, except the presence of the catheter.

16th.—Introduced No. 1, and tied in.

17th.—Passed No. 2, and tied in.

18th.—No. 3 tied in. Lies on the sofa, and suffers little inconvenience.

19th.—No. 4.

21st.—Chloroform having been again administered, I passed Mr. Holt's dilator (small size) through both strictures into the bladder, and then introduced No. 4 tube. Having withdrawn this instrument, I was then enabled to pass the full-sized dilator while closed, and into it I at once introduced No. 10 tube, which required some considerable force, owing to the

density of the stricture. The dilator having been withdrawn, a No. 10 silver catheter passed readily enough; the bladder was evacuated, and the instrument withdrawn. To take half a drachm of tincture of opium.

22nd.—Passed a very good night; has a little smarting when the urine is voided. Passed No. 10.

23rd.—No. 10 passed readily.

25th.—Walked to my house, where I introduced No. 10.

Feb. 1st.—Has been prevented by business from coming for the last week, and has not used a catheter. I passed No. 10, which was a little tight.

5th.—Urine quite clear; feels better than he has done for the last three years; nocturnal emissions much diminished.

13th.—Has procured a No. 10 metal bougie, which he is to learn to pass for himself, and made his first attempt to-day. Nocturnal emissions have quite ceased, though he has occasional erections. I did not see the patient again, owing to his dread of having an instrument passed, until the middle of March, when he sent for me, and I found that he had contracted a gonorrhœa, and had orchitis. For this he had been treated by his brother, and the acute symptoms had gone off. I therefore strapped the testicle, and he was soon able to go into the country. Says that he passes a capital stream of urine without any difficulty, but will not let me pass an instrument. Up to the present time he has not required further treatment for the stricture.

For the opportunity of treating the following cases I am indebted to Henry Bullen, Esq., the surgeon to the Lambeth Infirmary. The patients having been more or less under this gentleman's observation up to the present time, it is satisfactory to find that their condition is exceedingly good, and that they have required no further treatment.

CASE 2.—Thomas J——, aged fifty-seven, was admitted into the Infirmary of the Lambeth Workhouse in November, 1859, under the care of Mr. Bullen. His complaint was stricture and perineal abscess, which arose from an accident at the London Gas Works nearly six years ago, when he fell astride an iron pipe. Originally under the care of Mr. Cock, of Guy's Hospital, he was discharged after the successful use of the catheter about twenty times, relieved, but not cured.

At the time of his admission into the Infirmary there were several sinuses opening in the perinæum, and one above the pubes, through all of which urine at times passed. The stream which came by the natural passage was exceedingly small and thread-like. With rest and medical treatment these sinuses have all healed, except one in the perinæum, through which from time to time urine still finds its way. The cicatrix is hard and knotty, and communicates to the fingers a sensation of cartilaginous density.

After some ineffectual attempts to introduce catheters of small size, he was by my advice placed under the influence of chloroform on the 23rd of February, 1860; and having passed a grooved director through the sinus into the bladder, I proceeded to force a No. 5 staff through the stricture and tough cicatrix as far as possible in the course of the urethra until it impinged upon the director, which served to guide it into the bladder. This was accomplished with considerable difficulty, and subsequently a No. 3 silver catheter was substituted for the staff, and was tied in.

During the succeeding night, owing to the patient's restlessness, the catheter slipped out. The dilatation of the stricture, which had been so far effected, proved, however, of the greatest service to him, as he was able to pass in consequence a pretty full stream of urine. Several ineffectual attempts were made to re-introduce an instrument, and therefore on the 17th of March I had him placed under chloroform, when I was enabled to introduce Mr. Holt's dilator with some difficulty. The stricture was successfully split up, a No. 10 catheter readily introduced, and the bladder evacuated, after which the instrument was withdrawn. A full dose of opium with hot brandy-and-water was administered immediately after the operation, under the influence of which he passed a good night.

March 18th.—A No. 9 catheter was used with comparative ease, it being found impracticable to introduce a larger size without force. In the afternoon he had a rigor, which was treated with the warm bath and hot brandy-and-water.

19th.—Patient progressing favourably, and passes a good stream; catheter not passed, owing to patient's being asleep.

21st.—No. 10 catheter was passed, and its use was continued occasionally for some weeks. The sinus in the perinæum entirely closed, the thickening along the urethra totally disappeared, and the patient was able to resume his work.

CASE 3.—John W——, aged sixty-one, admitted into the Lambeth Workhouse Infirmary, under the care of Mr. Bullen, on the 8th of December, 1859, suffering from stricture caused by falling off a ladder astride a piece of timber at Exeter, about twenty-four years ago. He was then under the care of Mr. James, of Exeter, three weeks, and was apparently quite well until 1842, when he was admitted into Guy's Hospital with stricture, and was under the care of Messrs. Cooper, Key, Cock, and Callaway, who were unable to introduce a catheter into the bladder. In 1847 he was admitted into University College Hospital, under the care of Mr. Quain and Mr. Liston, and a No. 5 catheter was introduced by the latter surgeon on one occasion only, every subsequent attempt being unsuccessful. In the early part of 1859 he was admitted into the hospital at Melbourne, Australia, under the care of Mr. Ellis, and was discharged as incurable.

After several ineffectual attempts to pass a small catheter, he was placed under chloroform, and I succeeded in passing No. 1 silver catheter, which was tied in; and on following days Nos. 2 and 3, which were also tied in. Subsequently the instrument was removed for a few days, and the urine passed in a small stream.

On the 17th of March, 1860, the patient was again put under chloroform, and, Mr. Holt's dilator having been introduced, the stricture was split up and a No. 12 catheter introduced. This was followed up by the use of an instrument on alternate days for a few weeks, when the man was discharged cured, and remains so, having been under observation up to the present time, being actively employed in the workhouse at his trade as a carpenter.

CASE 4.—Henry L——, aged sixty, admitted into the Infirmary of Lambeth Workhouse, under Mr. Bullen's care, on the 10th April, 1860, suffering from stricture and perineal abscess, the supposed cause being repeated gonorrhœas twenty-five years ago. He was admitted into St. Thomas's Hospital, and was under the care of Mr. South seven weeks, six or seven years ago. Was admitted into the same hospital a second time in November, 1858, and was under the care of Mr. Macmurdo four months; but a catheter was never introduced into the bladder.

May 3rd, 1860.—He was placed under chloroform, and I introduced No. 4 silver catheter, after which Mr. Holt's dilator was employed, and, the stricture having been split up, No. 10 catheter was readily introduced. The use of this catheter was continued for some time, when he was discharged cured, with the fistula healed, and up to the present time he has remained quite well.

Sackville-street, August, 1861.

ON THE

EMPLOYMENT OF NITRIC ACID AND OPIUM

FOR THE

TREATMENT OF THE AUTUMNAL FORMS OF DIARRHŒA AND DYSENTERY.

BY PATRICK J. HYNES, M.D., Nottingham.

THE periodical recurrence of these well-known visitants is so certain as to become almost "as familiar as household words;" in fact, to such an extent is this the case, that medical men in extensive practice, enjoying, as it were, an interval of comparative repose during the early summer months, from the fatigue consequent upon their attention to the host of diseases of the pulmonary organs inevitable in the cold and dampness of our climate, buckle on their armour to combat, each in his own peculiar fashion, with an enemy which is, if we may judge from the present rate of mortality in the metropolis, (*vide* the Registrar General's "Return" of the 17th inst.,) of an equally formidable character.

I am not going to write an elaborate article upon the above diseases, since the numerous treatises that abound describe the various stages and symptoms of these complaints; but my object is to bring *more prominently* forward a remedy, which although it is by no means a new one, still, I think, is not generally employed; and I am bold enough to hope that its more extensive use in the hands of the medical gentlemen of the metropolis would have the effect of mitigating much of the present rate of mortality. About ten years since, diarrhœa and dysentery prevailed rather extensively in this locality, and

emboldened by the successful treatment of these diseases from the remedy I was in the habit of employing, I ventured to bring it, through the medium of the public journals, into notice, and since that time I have been repeatedly assured by many gentlemen who adopted it, that my opinion of its efficacy has been by no means exaggerated. I believe I am indebted to the work of Dr. Abercrombie, "On Diseases of the Abdominal Viscera," for the formula I am in the habit of employing; but as I write from memory, and have not an opportunity of confirming my opinion on this point by a direct reference to that excellent work, I do not wish to deprive any other author of whatever merit may be found to attach to its introduction as a remedy for those diseases.

I may observe that during the last four or five weeks diarrhœa has been very prevalent in this locality, and I do not overstate when I assert that I have used it in more than a hundred cases already, and always with almost instantaneous benefit. The formula that I generally employ is as follows:—Compound infusion of gentian, eight ounces; tincture of opium, a drachm to a drachm and a half; nitric acid, twenty minims: one ounce to be taken after every liquid stool or painful alvine evacuation. A mustard plaster applied to the epigastrium, and drinking sparingly of ice-cold mint-tea, relieve the sickness and thirst that frequently accompany the severer form of these diseases. I have found the remedy equally beneficial in some rather intractable forms of dysentery. I would strongly urge upon gentlemen, who meet with dysenteric cases, to give it a trial, as I feel satisfied they will find it a very powerful curative agent in their hands.

In an old number of the *Medical and Physical Journal*, from which I several years since made an extract, I find the following from a Mr. Hope, of Chatham. He says:—

"The first occasion of its use was remarkable. A young man, of sobriety and temperance, had suffered long with dysentery, and had been attended by a friend of mine for some time, who recommended those remedies that high authority and experience pointed out for relief; but finding no advantage, he sent for me, expecting more might be done. Nothing, however, recommended was successful, and, as I could but go over the same ground, no prospect of relief appeared; indeed his death was daily expected. At this time a woman who lived with him was attacked with dysentery, with extreme thirst. An acid occurred to me; but, fearing it might produce unpleasant effects, opium was added:—Nitric acid, two drachms; opium, two grains; water, two ounces: a spoonful to be taken in any vehicle three or four times daily. The effect produced was so great that my dying patient, unknown to me, begged to partake with her, and when I saw him next morning, which to my great surprise was with a cheerful countenance, he told me if ever I had a patient ill with his complaint, I should never fail to send the drops I had sent for the woman, for they had relieved his complaint at the first dose, and he was sure he should mend now, for they had saved his life this time. This was the only medicine he took, and in a few days he was able to walk about his room. In a third case I tried the acid without the opium, but it did not succeed. I then united them, and it effected immediate relief. I was still unwilling to persuade myself into the belief of its being a specific remedy, until a case of so extraordinary a nature occurred as compelled me to decide unequivocally in its favour. A young lad, sixteen years of age, fell over a dredging-boat into the water in the month of July last. Indisposition succeeded, but to what degree I could not determine, as another practitioner was at first called in to his assistance. Finding no relief, they applied to me, requesting my attendance. This was near a month after the accident. The remedies I applied failed in their efficacy. His friends, despairing of relief, requested me not to trouble myself to attend him any more (they lived six miles from me), saying he must be left to his fate, being assured a day or two more would finish the scene. At this time I recommended the anodyne, and with great difficulty it was that they could be persuaded to give it a trial. Twenty-four hours had not elapsed before he began to find relief, so that in four hours he left off the remedy. The disease returned; reapplication of the drops again removed it, and in a very short space of time, without any other medicine intervening, he became as hearty as ever he had been. The manifest advantage of the medicine was recognised by the parents; nor did they spare unjust reflections that I did not employ it before."

I am unwilling to theorize upon the *methodus medendi* of what I believe to be the principal agent in the above formula; yet I cannot help thinking that the nitric acid possesses some disinfecting agency, no less than an astringent efficacy, over autumnal diseases. "The fumes of nitric acid are believed to be efficacious," says the late Dr. Moutgomery, "in destroying the effluvia of typhus and other febrile diseases." Diluted with water so as to form an acidulous drink, Dr. Duncan of Edinburgh used to employ it in the low fevers that prevailed in the suburbs of that town. But independent of its chemical action over animal effluvia, it appears to me to act as a direct astringent in all diseases of the mucous membrane. Thus in purulent ophthalmia, what remedy is so efficacious as nitrate of silver in solution? In fact, in all mucous discharges it is almost the sole remedy upon which the surgeon depends; and of course the nitric acid is the chief agent in this valuable therapeutic. I am in the habit of employing a formula of a nearly similar kind as a topical application, but with double the amount of acid, in cynanche and in diphtheria; and I can speak very strongly upon its beneficial effects. In broken-down constitutions impaired by mercury, by syphilis or other irregularities, the above remedy will be found frequently valuable; and given in combination with taraxacum, it will prove very serviceable in sluggish conditions of the liver. I am in the habit of employing it with very considerable advantage in the diarrhœa of infants, and, combined with the muriated tincture of iron, in tabes mesenterica. I may further state that I have given the other acids, singly and in combination, the full benefit of a fair trial in all the above forms of disease; and, without any prepossession or prejudice, my experience enables me to give a decided preference to the claims of the nitric acid in combination with opium, as a very superior therapeutic remedy. I have not had an opportunity of making trial of it in the very severe forms of epidemic cholera, although I have had formerly ample opportunities of treating that disease. I have, however, many years ago, tried extensively, *inter alia*, the plan of treatment recommended by Dr. Toulmin of Brighton, thus anticipating his views (see THE LANCET of Aug. 17th), which certainly look well in print, particularly as they are eloquently, indeed elegantly, introduced; but when weighed in the balances they will be found wanting.

In conclusion, I may observe that the large mortality which these diseases annually bring in their train calls for all the curative agency the profession can muster to encounter their fatality. I am vain enough to indulge the hope that the more extensive employment of my suggestions may not be altogether useless; and, in the unassuming language of the Roman writer, I shall say—

"Si quid novisti rectius istis
Candidus imperti, si non his utere mecum."

Nottingham, August, 1861.

REPORT OF A CASE OF

MALIGNANT DISEASE OF THE SIGMOID FLEXURE OF THE COLON.

BY T. OSBORNE WALKER, ESQ., M.R.C.S.,
Blakesley, Northamptonshire.

MR. D——, aged thirty-two, rather tall and thin, a farmer by occupation, of active and temperate habits, called at my house on the 8th of June last, on his way to Northampton, complaining of severe pain in the bowels; for which I gave him an aperient mixture, and recommended him to return home, which he refused to do, saying he must go, as he had urgent business to do. The medicine failing to relieve, I was sent for next morning to see him, when I found him suffering from symptoms of enteritis. There were pain, tenderness on pressure, and dulness on percussion, over the left iliac region; his bowels had been freely moved the day before I was consulted; he had been chilly; his pulse was small, wiry, and rather quickened; tongue dry and slightly furred. As yet there had been no vomiting; this, however, soon came on. The usual remedies for inflammation of the bowels were applied—with the exception of venesection, to which my patient objected,—and gave relief. Ptyalism was readily induced, even before he had taken a scruple of calomel.

On the fourth day from the onset of the inflammatory symptoms a copious alvine evacuation, semi fluid, and of a dark-green colour, occurred, affording a feeling of comfort to my patient, and leading me to think favourably of his case. Afterwards, the inflammation returning, it was found necessary to recur to the remedies for extinguishing it. Although the ten-

derness had disappeared, the bowels continued obstinate, refusing to act except under the stimulus of enemata and purgatives. By these means, sometimes hard scybalous masses, sometimes more natural fæces, were passed, affording temporary relief.

The patient continuing in a vacillating state—sometimes appearing better, sometimes worse—it was deemed advisable, on the 17th, to call in a physician, who, as well as myself, was induced to give a favourable prognosis, Mr. D—— having had in the morning several evacuations (mostly fluid ones), and expressing himself much better. This amelioration was, however, of short duration; for, after a day or two, there was a recurrence of pain, restlessness, tympanitis, hiccough, and occasional vomiting, the patient passing during this period a stool consistent and formed, but of diminished size—no larger than that of a young child.

This state of things continued up to the night of the 23rd, when, at ten o'clock, I was summoned to my patient, whom I found in a collapse, with cold sweat running down his face and collecting in little pools in the hollows of the neck and about the clavicles. He was very thirsty, drinking often of cold water; there were hiccough and vomiting; pulse 120; his wrists and arms had a sodden feel, with cold clammy sweats. The abdomen was very distended and hard, but not tender to the touch. His bowels had not acted for three or four days. The posture was supine, with the knees drawn up; the breathing short, quick, and entirely thoracic, the diaphragm taking no part in respiration. The pulse rapidly increased in frequency and diminished in force and regularity, becoming finally extinct at the wrist; the breathing meanwhile continuing, but likewise gradually diminishing in frequency, till death at length closed the scene, exactly twelve hours from the supervention of the collapse.

The autopsy, which occurred twenty-four hours after death, showed a thickened and injected state of the peritoneum generally, with effusion of fæces into general peritoneal cavity; the bowels were fully distended with air, and contained a small quantity of liquid fæces; they were almost transparent and thinned; and at the sigmoid flexure of the colon was a bruise-like discoloration, with several small, darker-coloured points of ecchymoses, about the size of, and very much like, leech-bites, in the lowest of which was a small opening of a circular form, and just large enough to allow a hemp-seed to pass through it, through which, on applying pressure, fæcal matter escaped. This opening was situated in the anterior wall of the upper segment of the flexure; and about an inch below this was found a malignant mass, occupying the entire cylinder of the gut for about an inch and a half on the posterior and external wall of the intestine, and binding it down to the iliac fossa so tightly as to occasion great difficulty in its removal. It is not more than an inch deep on its anterior aspect. It presents the appearance of cerebriform matter.

The most noteworthy circumstances presented by the foregoing case, and most available for diagnostic purposes, were the small quantity of fluid the bowel was capable of containing without pain and urgent desire to evacuate—not exceeding a pint and a half; the persistence throughout of dulness on percussion over the left iliac region—the site of the disease; the occasional distinct course of the distended colon appreciable both to inspection and palpation as far as the diseased portion; the peculiar brownish colour of the patient's skin, being quite toad-like; the very small size of the stool once observed; the fluid vomited containing neither biliary nor fæcal matter. Neither tumour, stricture, nor ulcer discoverable on examination per rectum, though at the anus was found a hæmorrhoidal tumour, of the size of a Spanish nut. At the onset of the attack, the quantity of urine, which was then voided with difficulty and pain, was small and of a brandy colour, without sediment; but in the course of the case it increased in quantity, and was passed with greater ease, still retaining its deep colour. It was ascertained by inquiry into the history of the case, that the patient had on some occasions observed his stools to be slimy and streaked with blood, and had suffered at times much abdominal pain and flatulence, with a bad appetite. The collapse marked the perforation, which was followed by fatal peritonitis.

August, 1861.

ROYAL COLLEGE OF SURGEONS.—The next examination of candidates for the Membership of the College will commence on Monday, Sept. 23rd. Candidates are required to give fourteen days' notice to the Registrar of their intention to offer themselves.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

KING'S COLLEGE HOSPITAL.

FIBROUS TUMOUR OF THE ANTRUM EXTENDING THROUGH THE HARD PALATE INTO THE MOUTH; SUCCESSFUL REMOVAL.

(Under the care of Mr. FERGUSSON.)

THE patient in the following complicated case was the subject of two tumours, one situated in the right cheek, the other in the antrum and roof of the mouth. The growths were, however, perfectly distinct from one another. Both were removed at a single operation, which has been attended with the best results. From some remarks made by Mr. Fergusson at the time, we learned that he had seen the patient twelve months before, and the disease then presented so malignant an aspect that he dissuaded her from undergoing any operation. Some months later, the disease in the mouth was found to be an ulcerated, sloughy-looking mass, and the finger could be readily passed alongside of it into the antrum. Perceiving that its progress had been slow, and that it was within the reach of surgical aid, he thought he would give her a chance, more especially as there was no development of disease in any other situation, and the tumour in the cheek was quite distinct from that in the jaw. The steps of the operation are detailed in the notes of the case furnished by Mr. G. Fortescue, house-surgeon to the hospital. Mr. Fergusson could not accomplish all he wished in regard to the incisions which he ordinarily practises, inasmuch as he had not only to remove the upper jaw, but also the soft palate, besides the tumour in the cheek. The passage of the right nostril was free, for the tumour had not extended far in that direction; nor did it involve the orbit.

M. C——, aged thirty-eight years, a domestic servant, unmarried, of good complexion and healthy appearance, admitted April 27th, 1861. On admission the right side of the face was extremely deformed and prominent. The prominence was due, in great measure, to a tumour imbedded in the right cheek, in front of the masseter muscle, about the size of a hen's egg, hard, smooth, and movable, with the skin over it natural and unadherent. On looking into the mouth, a foul ulcerating growth was seen protruding through the hard, and involving also the soft, palate of the right side, which were both bulged downwards towards the floor of the mouth, extending backwards to the anterior pillar of the fauces, and encroaching to some extent on the nostril of the same side. The orbit was not concerned in the growth, and the eye appeared natural, but occasional attacks of double vision were complained of. The glands beneath the jaw were not affected. The history of the affection was somewhat obscure; but the first symptom of disease in this locality occurred (she said) some thirteen years ago, as a swelling in the throat about the right tonsil, commencing without pain, but soon impeding the power of deglutition, which was regained, however, after the growth had been cut into by a surgeon. Soon a tumour began to appear in the right cheek, and, growing for six years, was removed by the knife seven years ago. The duration of the present disease seemed very uncertain; it had existed, however, for several years, and of late its progress had been rapid.

May 4th.—Chloroform was administered, and Mr. Fergusson proceeded to remove the disease. An incision was made through the upper lip, near the middle line, into the nostril, carried upwards along the ala of the nose, and, finally, taken horizontally outwards upon the malar bone, close beneath the

margin of the orbit. The flap was dissected up, and the tumour, after a very few touches of the knife, squeezed out from the cheek. A tooth was then removed in front, and the saw carried upwards through the hard palate, and transversely below the orbit, cutting through a portion of the malar bone, together with the superior maxilla. Next the cutting pliers were used freely, and the mass removed piecemeal. Some soft diseased tissue remaining behind was cut off with the curved scissors. The bleeding, free as usual in these cases at first, ceased speedily of its own accord. The wound corresponding to the division of the upper lip was brought into apposition by two hare-lip pins, the remainder by interrupted sutures. Very little disfigurement resulted from the operation. During the proceedings on the mouth, the effect of the chloroform was kept up very successfully by Dr. Sansom, by means of an india-rubber tube introduced through the disengaged nostril.

7th.—The wound, kept covered with water-dressing, is rapidly uniting; the mouth is washed out frequently with myrrh and tannin gargle; she seems to suffer little, and takes liquid food well. The pins removed from the lip.

9th.—The sutures removed; the wound almost entirely healed.

17th.—Union of the horizontal incision delayed by the formation of a small superficial abscess beneath it, which has been opened, and has refilled several times in succession. The lower eyelid appears slightly œdematous.

27th.—The incision healed. The wound inside the mouth is granulating up, and a very slightly perceptible falling-in of the cheek remains. She takes solid food without difficulty.

May 5th.—Discharged.

July 16th.—The patient presented herself for examination to-day. There has been no return of the growth. The deformity is barely noticeable. The excavation is for the most part filled up, and a slight depression in the roof of the mouth, with a small, irregular aperture in the palate, alone mark the site of the operation. Some œdema of the right lower eyelid remains.

The softer part of the disease appeared, on microscopical examination, to consist mainly of a fibro-granular matrix, containing numerous corpuscles, round, regular, of uniform size, granular, and with no appearance of nuclei. The much firmer tumour of the cheek contained corpuscles of a similar character, with a larger proportion of the fibrous element.

GUY'S HOSPITAL.

CYST IN THE ANTRUM; PUNCTURE ON TWO OCCASIONS; CURE.

(Under the care of Mr. BRYANT.)

ELIZA F——, aged forty, applied with a tumour in her right cheek, of one year's growth. It was evidently an enlargement of the antrum, and, from its globular form, appeared to be cystic. Mr. Bryant introduced an exploring trocar and canula, and drew off two ounces of the peculiar glairy fluid characteristic of these cysts. The fluid, however, subsequently returned, and after the lapse of three weeks a free opening was made above the bicuspid teeth and within the mouth, giving exit to a quantity of fluid similar to the last. The cavity was plugged with lint. Inflammation followed, and some suppuration, which has resulted in the contraction of the cyst wall, and a perfect cure.

She was seen three months afterwards, and no return had taken place.

ADHESION BETWEEN THE SEPTUM NASI AND LOWER TURBINATED BONE.

(Under the care of Mr. BRYANT.)

In a recent number of the "Guy's Hospital Reports," Mr. Bryant has drawn attention to various diseased conditions of the nostril, which have been hitherto classed under the heading of ozena. Ulceration of the mucous membrane of the nostril was one of them, and as a curious result of such a condition the following short case may be read with interest:—

A man, aged forty-four, applied with an obstruction in his right nostril. He had experienced it for two years, and it had followed a "sore nose," which had lasted for two months. Upon examination, it was clearly seen that a firm union existed between the lower turbinated bone and the septum nasi. The nostril was also contracted.

From the history of the case, it appeared probable that both sides of the nostril had been originally ulcerated, and that union had taken place between the granulating surfaces. Mr. Bryant denuded the parts with a bistoury, and kept them apart by lint covered with oil. This was renewed constantly during the cicatrization, and recovery has taken place, the man being now well able to breathe through the nostril.

In the following case there was obliteration of both nostrils, but arising from an injury:—

A man, thirty-five years of age, was admitted into King's College Hospital in March last, his appearance being most pitiable. He had been to the gold diggings of Australia, and whilst at work in a pit, a quantity of earth fell upon him, and smashed in the bones of the nose almost flat. This was accompanied by a terrible wound. The result was that the nostrils were almost wholly obliterated, and the man had to keep in tubes to permit of his breathing through the nose. If removed, the nose would contract. Mr. Fergusson believed it possible that at the beginning the bones might not have been sufficiently elevated, and he recently tried with forceps to accomplish this, or at any rate to so enlarge the passages as to permit of the wearing of tubes again. This, to some extent, was successful by means of the separation of the blades of a pair of very strong forceps in the nostril; but the ultimate success of the operation he looked upon as very doubtful.

RETENTION OF URINE FROM ADHERENT PREPUCE IN A CHILD.

(Under the care of Mr. BRYANT.)

H. B——, aged twenty months, was brought to Guy's Hospital for retention of urine, not having passed a stream for three days, a little only passing away in drops. For three months he had experienced difficulty in micturition, having on many occasions gone two days without relief. On examination, the prepuce was found adherent to the glans. This was readily separated by means of a probe, and a quantity of retained secretion removed. All symptoms disappeared, and recovery followed.

WESTMINSTER HOSPITAL.

TUMOUR BENEATH THE LOWER JAW; SUCCESSFUL REMOVAL.

(Under the care of Mr. HOLTHOUSE.)

AN elderly female presented herself at the hospital, having a tumour situated under the lower jaw in the right mylo hyoid space. It had been present for six years, and latterly commenced to grow rapidly. It was movable, and apparently unattached to any important structure; Mr. Holthouse therefore determined upon its removal. On the 21st of May chloroform was given, and an incision made over the growth, which with the aid of the handle of a scalpel was readily enucleated. Although no vessels of importance were wounded, yet there was free bleeding. The tumour was apparently an enlarged gland, but strongly resembling an albumino sarcomatous growth. The patient made a good recovery, and left the hospital well.

A few weeks later we noticed a somewhat similar case under Mr. Erichsen's care at University College Hospital, in the person of a young woman with a tumour in the left mylo-hyoid region. It was attributed to enlargement of the glands in that situation from the presence of decayed teeth, and had resisted the means (chiefly iodine) employed for its absorption. The tumour was superficially situated, as large as an elongated fowl's egg, was movable, and its anterior surface coursed over by a large vein. Mr. Erichsen believed it might be an enlarged tuberculous gland undergoing calcareous degeneration, and so it proved on removal, under chloroform, on the 12th of June. In this instance also a good recovery resulted.

The situation of both of these tumours was over important parts, yet, as it was comparatively superficial, the operation in each was unattended by any danger.

ST. BARTHOLOMEW'S HOSPITAL.

CONGENITAL CYSTIC TUMOUR IN THE LOWER JAW OF AN INFANT; REMOVAL.

(Under the care of Mr. COOTE.)

A CURIOUS case of congenital deformity of the lower jaw was brought to this hospital, about three months ago, in an infant six months old. The right half of the bone was enormously

enlarged, and occupied a prominent position in the neck, extending downwards as far as the chest. It appeared to invade the entire bone, but was really confined to the right side. Its increase had been rapid since birth, and as it was still enlarging, it became necessary to do something to afford a chance for life, as, if left alone, suffocation would have ensued in a short time. Accordingly, chloroform being given, an incision was made by Mr. Coote upon its outer part, and a thin shell of the expanded jaw-bone reached. This was opened, and the interior was found to be filled with a regular nest of cysts, one placed within the other, all of which were removed, and the cavity closed with lint. Very little blood was lost during the operation, and for a few days afterwards the child improved very much in health, although necessarily weak, and the great swelling of the neck was much diminished. Suppuration became freely established, and the drain shortly after began to tell upon the system, for the child became weaker and weaker, although well supplied with wine and good nourishment, and finally died from exhaustion.

Had a much earlier operation been resorted to, it is but reasonable to infer that a more fortunate issue might have resulted. We place the case upon record, inasmuch as, however common fissure and other deformities in the upper jaw may be, they are seldom seen in the lower.

A KICK IN THE EPIGASTRIUM PRODUCING PLEURISY WITH EFFUSION AND DISPLACEMENT OF THE HEART.

(Under the care of Dr. FARRE.)

Ellen A——, nine years of age, was brought into St. Bartholomew's Hospital on the 25th ultimo, suffering from the effects of a kick in the epigastrium. The part was tender, but nothing beyond this symptom was observed at the time; she was therefore kept quiet in bed for a few days. A slight cough then came on, and upon examination the child was found to be suffering from pleuritic effusion into the left side of the chest, which was universally dull. The heart's pulsation was most distinct on the right side of the sternum. The intercostal spaces of the left side were prominent.

She was put upon small doses of blue-pill and squills thrice a day, with a mixture containing the acetate of potass. Under this treatment she passed a good deal of urine, and by the 14th instant the intercostal spaces were less prominent; but there was little alteration in other respects. On the 21st the cough was much less and the effusion not so great; yet the heart still beat to the right of the sternum, and she continued to pass much urine. As the gums were not tender from the medicine, it was continued. There was no urgent dyspnœa, and she was to some extent improving.

We relate these brief details for the purpose of showing that a kick in the epigastrium of a child, which probably struck the lower part of the chest, was followed by an attack of pleuritis unassociated with any severely acute symptoms, such as pain, dyspnœa, fever, &c. The child was delicate and small for her age. There was no history of illness previous to the receipt of the injury.

ST. MARY'S HOSPITAL.

EXTENSIVE RUPTURE OF THE LIVER FROM A KICK BY A HORSE; DEATH IN HALF AN HOUR.

(Under the care of Mr. SPENCER SMITH.)

On the 12th of August, a man, aged thirty years, was assisting in the detachment of a strap fastened to the shaft of a Hansom cab, drawn by a very restive horse, when the animal reared one of his hind legs, and kicked the man in the belly. He became very faint, and was taken to a surgeon close by, who recommended his instant removal to the hospital. On arriving there, he was helped out of the cab, was conveyed to the accident ward, and assisted to undress himself. He was placed in bed, and in the course of three or four minutes he was dead. This was half an hour after the receipt of the kick. When brought in, internal hæmorrhage was suspected from the blanched appearance presented by the patient and the state of the pulse.

For the above history we are indebted to Mr. E. Chisholm, who performed the autopsy on the 14th. Two of the right lower ribs were broken, and on opening the abdomen a quantity of blood was found poured out, which had infiltrated most of the tissues, especially the areolar behind the kidneys and liver. The liver was almost completely torn across, the right lobe being nearly separated from the left. This had given rise to the fatal hæmorrhage. There was scarcely any discoloration externally to indicate the spot where the kick was inflicted.

ST. GEORGE'S HOSPITAL.

THE ECRASEUR EMPLOYED TO REMOVE THE MALE ORGAN AFFECTED WITH CARCINOMA.

(Under the care of Mr. HENRY LEE.)

Within the last twelve months the student has had frequent opportunities of witnessing the operation for removal of the male organ affected with some one of the forms of carcinoma. Indeed, so numerous have been the cases that it has been remarked, that penile cancer was raging as an epidemic. In all the various instances, whether the disease was confined to the prepuce, the glans, or the body of the organ, the mode pursued to get rid of it was ablation by the knife, the operation being modified according to the views of the different operators. In some patients, the disease had been previously removed, but had returned after the lapse of some months. The duration of the disease varied considerably, dating from five or six months to as many years back. In the middle of July last, Mr. Henry Lee performed removal with the knife in a man who had had cancer for nearly seven years. It formed an outgrowth from the penis in the shape of a wart. On that occasion the bleeding was very great, as is generally the case; and Mr. Lee determined on the next occasion to employ the écraseur to obviate this. The opportunity was afforded him on the 15th of August. An elderly man was given chloroform, who had been subject to the scirrhous variety of the disease for eight years, affecting the whole of the glans. It was remarkably indurated and resisting. The skin was drawn forward and cut through by a sweep of the knife round the organ, excepting the superior part, which contained the dorsalis penis artery. The écraseur was now applied, and, after the lapse of a few minutes, the amputation was effected, and the stump did not bleed. A few of the vessels were, however, tied as a precautionary measure against future hæmorrhage. The stump assumed a semicircular form, its surface was quite smooth, and altogether the operation was satisfactory. This was one of the first occasions of the employment of the écraseur in the London hospitals for removal of the male organ, and the result in this instance fully shows its value in cases where hæmorrhage is likely to be dangerous.

The patient is doing very well.

Medical Societies.

EPIDEMIOLOGICAL SOCIETY.

DR. BARINGTON, PRESIDENT, IN THE CHAIR.

A PAPER by Dr. DUNCAN, of Liverpool, on

THE RECENT INTRODUCTION OF FEVER INTO LIVERPOOL BY THE CREW OF THE EGYPTIAN FRIGATE "SCHEAH GEHALD,"

was read by Dr. M'WILLIAM. The *Scheah Gehald* left Alexandria in November, 1860, and arrived at Liverpool on the 16th of February, 1861. The crew, in number 476, consisted chiefly of Arabs; the captain was the only European on board. The voyage was very tedious, and the weather was cold and gloomy. The men, who were unaccustomed to the cold of a northern climate, crowded below for warmth and shelter. Many suffered from sea-sickness, and the discharges from the stomach and bowels were allowed to accumulate in all parts of the ship, which was so disgustingly filthy that on her arrival she had to be sunk in the graving dock. The space allotted to the crew was quite insufficient even under ordinary circumstances, and no attempt at ventilation was made, while the persons and clothes of the crew were filthy in the extreme, and swarming with vermin. During the entire voyage their clothes were not washed or changed. The captain had been instructed to procure fresh clothing for the crew at Malta, but in his anxiety to make a quick passage he had neglected to do so. The pilot who went on board stated that when any of the crew passed him on deck he perceived an "awful smell." In addition to the

overcrowding and personal filth, the men suffered from over-fatigue consequent on the boisterous weather, and from great mental depression, while their rations were much below the proper standard as regards quantity.

During the three months that the crew remained at Liverpool 127 were on the sick list and 11 died. The diseases from which they suffered were dysentery, diarrhœa, pulmonary affections, and the effects of exposure to cold. There was no infectious disease on board during the voyage, and not one of the crew had typhus either on the arrival of the ship or at any time during their stay at Liverpool. The 11 fatal cases were all from dysentery. It was shown, however, that the ship and crew became foci for the communication of a fever which presented all the characters of true exanthematous typhus.

In the first place, three persons contracted typhus after visiting the ship. Two of the three died.

Secondly. During four days of the week immediately after the arrival of the vessel, 340 of the crew were sent in detachments of 80 to the public baths in Paul-street. All were in good health; all walked from the vessel to the baths (upwards of a mile distant), and all with one exception walked back to the vessel. In the exceptional case the man was weak from starvation, and was sent back in a car. Next day he returned to the baths on foot, much better. Of the six attendants at the baths, three were seized with typhus within twelve days of the last visit of the crew, and one died. The attendants had remarked on the offensive smell which the men from the ship had emitted and left behind them. On each occasion the party of 80 had remained at the bath buildings for three hours, and the attendants had been in constant communication with them.

Thirdly. On the 27th of February, 32 of the sick were sent away from the ship to the Southern Hospital. The men were suffering from dysentery, chest affections, and exposure to cold, but not one of them had typhus. There was no case of typhus in the hospital at the time, and, moreover, Liverpool was unusually free from fever. Out of a population of 40,000 immediately around the Southern Hospital, only one death from fever had occurred during the previous six months, and the nature of the fever in that case was not stated. But a week after the arrival of the Egyptians, the house-surgeon was attacked by typhus, and during the month of March, 7 of the other attendants and 17 of the other patients (who did not come from the ship) were also seized with the same fever. Of the 24 cases which originated at the hospital, 5 proved fatal; thus, in all 31 persons contracted fever from the ship or crew, of whom 8 died.

Three explanations of the outbreak of fever on shore, according to Dr. Duncan, suggest themselves.

The first is, that the Egyptians themselves had typhus; but this is entirely disproved by the evidence of Mr. Irvine and Dr. Cameron. The house-surgeon at the Southern Hospital *now* thinks that the dysentery under which the Egyptians laboured was typhus; but if he had thought so at the time, it would have been his duty not to have admitted the cases into the hospital. His argument simply amounts to this, that because the Egyptians imparted the fever, they must have suffered from it themselves. Moreover, the Egyptians who went to the baths had neither fever nor dysentery.

Secondly. Was the fever generated by overcrowding in the Southern Hospital? Although the number admitted into the hospital certainly exceeded the proper limit, the ventilation was good, and the overcrowding insufficient to generate fever, each patient having had from 730 to 790 cubic feet of space. Moreover, overcrowding at an hospital fails to account for the fever which attacked the attendants at the baths and the persons who visited the ship.

The only explanation consistent with the facts of the case is, that the fever poison was generated on board the ship; that it clung to the filthy persons and clothing of the crew; and that the men, not singly, but in groups, communicated the fever to others.

Dr. Duncan then proceeds to mention an opinion which the circumstances of the case had suggested to Dr. Cameron, of Liverpool—viz., that the same poison which causes dysentery in the black may induce typhus in the white man. Dr. Duncan thinks that this doctrine is worthy of consideration. He appeals to the contagious character of dysentery in the tropics, and quotes Dr. Copland and Sir Gilbert Blane to show that typhus and dysentery sometimes appear to be vicarious, dysentery in the black taking the place of typhus in the white.

Dr. COPLAND remarked, that after the great war consequent upon the Revolution in France, in many of the continental towns there co-existed a prevalence of typhus amongst the inhabitants and of dysentery amongst the troops. He had seen dysentery and small pox prevailing at the same time in a slave-ship; and as he considered that effluvia from an accumulation of dysenteric negroes might impart fever to Europeans, so the Arabs on board the Egyptian frigate at Liverpool, afflicted with dysentery, may have propagated fever to the inhabitants of that port. Whilst on this subject, he might be permitted to allude to prophylactic measures which, in his experience, had been successfully adopted against fever in warm climates. When the late Mr. Bullock went to Mexico, about forty years ago, he took, by Dr. Copland's advice, bark and Cayenne pepper in wine, and he escaped fever in that country, so notoriously fertile of the "vomito;" and when Dr. Stanger accompanied the Niger expedition in the capacity of zoologist, Dr. Copland recommended him to take quinine, Cayenne pepper, and camphor daily. This he did, and he was one of the few in the expedition who were not attacked with fever.

Dr. MURCHISON observed, that Dr. Duncan's communication was a most important contribution to the etiology of fever. The three principal points of interest in the present paper were—1st. The spontaneous generation of the poison of typhus fever on board the ship. 2nd. The communication of this poison by the crew to persons on shore, although none of the former had fever themselves. 3rd. The relation supposed to exist between the poison of typhus and that of dysentery. First, as regards the spontaneous generation of the poison, it was to be remarked, that the circumstances were precisely those which are known to generate the poison of true typhus in other localities. Typhus had been named at different times hospital fever, jail fever, army or military fever, and ship fever; but whatever was the locality in which the fever appeared for the first time, the circumstances had always been the same—overcrowding and personal filth, more especially when combined, as in the instance under discussion, with deficient food, over-fatigue, and mental depression. Those who were familiar with the writings of the medical men of the last century would recall many similar instances to the one so ably recorded by Dr. Duncan. Fortunately, examples of the development of the typhus poison on board ship are so rare, that many doubt the possibility of such an occurrence; but, in former days, when less attention was paid to hygienic arrangements, they were very common, and the circumstances had invariably been the same as those to which the crew of the *Schah Gehad* had been subjected. Lind, although he believed that typhus could, in most cases, be traced to contagion, was forced to admit that some instances would not allow of such an explanation. The outbreak in these cases occurred in some small vessels of the fleet during long voyages and stormy weather, when the men were for the most part shut down below, and the hatches kept closed. Sir Gilbert Blane had observed, "that the infectious fever is not always imported from without, but may be originally and spontaneously generated on board. The causes of this are want of personal cleanliness, and also confinement and overcrowding in close apartments." The outbreaks of fever which occurred on board the prison ships at Plymouth in 1810, and the hulks at Toulon in 1829, were attributable to the same causes. In reference to the second point, Dr. Murchison mentioned several instances to prove that the poison of typhus can be propagated by fomites; and he alluded more particularly to the frequency with which persons who washed the bedding and clothes of typhus patients had contracted the disease. It was well known, he said, that persons might convey the poison of typhus to others without taking it themselves. Moreover, the histories of the various "black assizes," and other singular instances which might be adduced, showed that the typhus poison might be generated by overcrowding of human beings; that this poison might cling to their clothes and communicate the disease to others without the persons who had been overcrowded suffering from it. Whether this was accounted for by the immunity acquired by habit, he would not pretend to say. Lastly, as to the connexion between dysentery and typhus, although certain of the circumstances which favoured the generation of the one disease might contribute to the development of the other, he was not prepared to admit that the same poison could generate dysentery in the Arab and typhus in the European. Although dysentery was believed to be communicable in the tropics, the chief causes of its origin and propagation were very different from those of typhus. There were good grounds for the opinion, that the chief, if not the only, manner in which dysentery was communicable was by the stools, a remark which could not apply to typhus. A careful study of the great epidemics of fever in Ireland and besieged cities taught that typhus and dysentery often prevailed together

under the same circumstances, and amongst persons of the same race. These facts rendered it probable that some of the circumstances favourable to the generation of the two diseases were similar, but were opposed to the idea of the two poisons being identical, the different effects depending mainly upon race.

Dr. M'WILLIAM regretted that at that late hour he could not enter into the case of the *Schcah Gehald* at Liverpool, nor follow up the events amongst her crew after they were transferred to the *Voyageur de la Mer*, and conveyed in that vessel to Alexandria. With regard to the question raised by Dr. Cameron, as to the capability of the poison that induced dysentery in the Arab to cause typhus in the European, it was, as remarked by Dr. Duncan, well worthy of consideration. In warm climates especially there seemed fair grounds for believing that the same poison, or at all events that the same conditions of climate, soil, season, and meteorological phenomena, may cause either fever in some form, or dysentery; for both are frequently found to prevail at the same time, and under circumstances in every way similar. In Dr. Smart's valuable paper on China, read in the course of the present session, the affinity of remittent fever to dysentery was discussed, and the view that these diseases may have a common origin was favoured. Dr. Smart considers that dysentery in China was quite as much a disease of periodic type as remittent fever, and that "of whatever type the dysentery may be, whether acute or chronic, sthenic or adynamic, there is in it an increased or paroxysmal excretory effort between midnight and dawn—the same period at which in remittent fever we look for the chief remission, with paroxysmal excretion from the skin." He regards the act of purging as the evacuation of increased intestinal follicular secretion, and as the analogue of the action of the skin during the sweating stage of fever. Sir John Pringle, in speaking of the diseases of the British army in the Low Countries, says that dysentery appears in the same seasons with fevers, and that both seem to be particular determinations of the vitiated humours, which either give rise to a flux, or, if retained in the blood, produce fever in the intermitting, remitting, or continued form. It was right that he (Dr. M'William) should add that dysentery was a common sequence of the fever in the Niger, but not until long (months on some occasions) after the primary symptoms had subsided. He concurred with Dr. Murchison in the eulogium he had passed upon Dr. Duncan's paper.

Reviews and Notices of Books.

On the Reparative Process in Human Tendons after Subcutaneous Division for the Cure of Deformities; with an Account of the Appearances presented in Fifteen Post-mortem Examinations in the Human Subject. By WM. ADAMS, F.R.C.S. London: Churchill.

THE rapid advance of orthopædic surgery from the date of Stromeyer's successful application of the principles of Delpech to the relief of some of the most distressing deformities of the human body, is signally manifested by the mass of information collected during the last quarter of a century illustrating the pathology of these affections generally, but more especially relating to the forms and varieties of talipes or club-foot. Thirty years ago a surgeon of the greatest eminence, now living, deliberately announced that these diseases could be remedied only by mechanical contrivances, and by their aid only in the earliest periods of life. The transfer of such affections from the hands of the mechanic to the legitimate domain of surgery must be regarded as a great triumph. At a time, therefore, when the rapid advance of knowledge is proverbial, and the labourers in the garden of science are busily engaged in summing up the facts developed during the above period, we cannot help hailing with pleasure and satisfaction the appearance of a work bearing evidence of patient philosophic inquiry, elaborate research, and legitimate deductions like the one before us.

Mr. Adams is well known to be versed in the details of morbid anatomy and pathological subtleties, and now comes forward to reconcile the conflicting opinions existing upon the nature of the reparative changes in tendons after their subcutaneous division as performed in the ordinary operations for club-foot. Investigations concerning this process have been instituted from the time of Hunter to the present hour on animals; but the necessity of further inquiry was abundantly apparent from the absence of anything like a series of observations on the human subject. Mr. Adams has now filled up this void, his opportunities having placed at his disposal fifteen cases for examination in the *recent state*, and some few others in spirit, on which subcutaneous tenotomy had been performed at periods varying from four days to three years previously. The author has had to pick up, as it were, his information by desultory grains, the difficulties in the way of obtaining such examinations being very great, inasmuch as the operation itself is not a fatal one, necessitating, therefore, a sharp look out for those cases where the patient dies of some intercurrent or consecutive malady. Ten years have been required for the collection of these cases.

We have no space to follow the author through the details of his experiments, but must content ourselves with enumerating some of the points considered to be established:—

That the reparative process is considered to be the same for all tendons, and essentially the same in animals as in man.

That the perfection of the process is in direct proportion to the absence of extravasated blood and inflammatory exudation; and that the sheath of the tendon, when consisting of loose-textured areolar tissue, as in the tendo-Achillis and other tendons surrounded by soft tissues, is of great importance—

1st. In preserving a connexion between the divided extremities of the tendon.

2nd. In furnishing the matrix in which the nucleated blastematous or other proper reparative material is effused.

3rd. In giving definition and form to the newly-developed tendinous tissue. Hence, when tendons situated in dense fibrous sheaths of a tubular form are divided, there is great danger of complete non-union.

Mr. Adams conceives the increased vascularity of the sheath observed shortly after division to be essentially the first step in the reparative process. Blastematous material is then infiltrated into the meshes of the sheath, increases in quantity, and exhibits under the microscope innumerable small oval nuclei, mixed with a few cells found in ordinary inflammatory effusions. The cells do not pass in development beyond the stage of nuclei, and both Mr. Paget and Mr. Adams agree in regarding the tissue as the proper reparative material from which new tendon is developed. Capillary bloodvessels subsequently form in it, and the nuclei become elongated. Ultimately, the whole assumes a distinctly fibrous appearance, more delicate, however, and less distinctly separable than old tendon. Thus a solid bond of union is formed between the divided extremities of the tendon, of varying length, which the author believes remains during life as a permanent tissue and as an integral portion of the tendon, and which acquires within a few months of its formation the structural characters of the old tendon so perfectly as to be with difficulty distinguishable from it.

Mr. Adams believes that the required length of the new tendon should be obtained during the time occupied in its formation, and that the mechanical extension must always in its rapidity be proportionate to the activity of the reparative process—i. e., from about two to three weeks under the ordinary conditions of health. In this, however, he is opposed to the opinion of most orthopædic surgeons, and Mr. Coote, in one of his late Lectures published in THE LANCET, warns his pupils against such fallacious doctrine. Mr. Adams does not believe that the new-formed substance has any disposition to contract, or that it ultimately becomes absorbed, so that the muscular structure becomes elongated by the force of the contraction of the cicatrix, and consequently that the *linear cicatrix theory* cannot be sustained—a theory, by the way, which is propounded and upheld by the author's colleagues, Messrs. Tamplin, Brodhurst, and Coote.

Now, the inductions of Mr. Adams in greater part agree with facts already recognised and received. There is no essen-

tial difference in the processes of repair as observed in man and the lower vertebrate animals, although the conditions under which such processes go on vary considerably; for we have no means of keeping an animal quiet, and consequently the divided ends of a tendon are never kept in steady apposition. Again, we agree with the author that extravasated blood and inflammatory exudation both interfere with the healing process. The "organization of blood" is an occurrence always taught, often sought for, and never found. But the importance of the cellular sheath of the tendon, in so entirely furnishing the new reparative material, is justly a new point, and it indicates some very important and somewhat novel rules of practice. The divided ends of the tendon should of necessity after each operation be separated to the proper distance (and not held in apposition), in order that a sufficient amount of "blastema" may be poured forth. How infinitely must the subsequent mechanical treatment be shortened! How frequently can the surgeon dispense with the "Scarpa's shoe" and the prolonged mechanical extension? Does Mr. Adams carry out these views in his treatment at the Orthopædic Hospital? We cannot say that we have noticed that harmony between his theory and his practice.

We could have wished for clearer evidence to prove that the new material acquires precisely the same characters as the originally formed tendon; and would be glad if all said of its not being liable to contraction were true. We do not bind ourselves to the "linear cicatrix" theory as advocated by Mr. Adams's colleagues, but the principles therein involved have at least the merit of agreeing with general orthopædic practice, and, what is the more remarkable, with the procedure adopted by Mr. Adams himself.

A knowledge of the treatment of deformities is, we are happy to say, now about to become a part of general surgical education. That which one school of medicine has done must be speedily followed by others. We hope, therefore, that those whose opportunities in this branch of their profession are considerable, will be careful in what they put forth. The practice of attempting at once to replace deformed parts after subcutaneous operations has been followed elsewhere for a considerable period; but the high scientific standing of the Orthopædic Hospital seems to rest upon the fact of its inculcating proper rules for extension, according to the views laid down by Delpech. We should be grieved to find that "we had been all wrong," but at the same time must bow to the irresistible commands of truth. Let us see Mr. Adams at once separate the cut ends of the tendons, dispense with much apparatus, and effect his cures more quickly than his colleagues, and without fear of relapse; let him, in short, stride over the precautions which they seem to adopt, and effect better and speedier cures; and we shall be the first to award him due honour.

The volume is illustrated by lithographic plates, and deserves to be carefully studied by those engaged in treating deformities.

On Diseases peculiar to Women, including Displacements of the Uterus. By HUGH L. HODGE, M.D., Professor of Obstetrics in the University of Pennsylvania, &c. Large 8vo, pp. 469. Philadelphia, 1860.

UNDER the guise of affected simplicity, Dr. Hodge has contrived to compile the most complicated book upon the Diseases of Women with which we are acquainted. If he had tried how *not* to write a work which would be useful to students, he could hardly have succeeded better; and yet, strange to say, it has been especially prepared "at the request of many of my pupils."

Dr. Hodge divides his subject into three classes—the diseases of irritation, those of sedation, and the displacements of the uterus. Under the first head are to be found all those disorders which are attended with pain in the uterus or elsewhere; under the second are such affections as are connected with a depression of the organic or animal actions, or of both; while in the third class not only all the possible malpositions of the uterus are considered, but also fibrous tumours, displacements of the vagina and bladder, and diseases of the ovaries.

Uterine displacement, viewed through the medium of Dr. Hodge, appears to be the grand cause of all the suffering to which miserable woman is subjected; while, from the same aspect, the proper use of the lever pessary is to reduce the chemist and druggist to a state bordering upon starvation. The evils which result from a displaced uterus are really fearful. There is but one way to cure them:—

"Dysmenorrhœa, menorrhagia, and leucorrhœa, the pelvic sufferings, the inability to walk or stand, the spinal and cerebral irritations, with all the occasional but terrible disturbances of the larynx, lungs, heart, stomach, liver, kidneys, and bowels,—especially the rectum,—can hardly be completely relieved, and sometimes not even palliated, if the displacement be permitted to remain; but, on the contrary, if this be removed recovery will generally quickly follow."—p. 271.

Really one wonders that people without wombs can ever be ill; while it is impossible not to feel deep regret that the softer sex should be cursed with such an uncomfortable organ as the uterus. However, there is consolation for the ladies after all:—

"Happy is the physician," says Dr. Hodge, somewhat in the moral style of Mr. Pecksniff, "who is so well indoctrinated in physical, mental, and moral science, that he can successfully address himself to the organic, animal, and spiritual nature of his sensitive, delicate sufferer! And thrice happy is the cultivated and refined lady thus restored to all her natural, delightful sensations, and to all her mental and spiritual enjoyments! Words are inadequate for the expression of their happiness, or their gratitude to him who has been the instrument of so great a blessing as renovated health and spirits."—p. 206.

And (will it be believed?) to ensure all this joy—to be the source of all this good—nought is required but a vaginal pessary.

Archives of Medicine. No. VIII. London: Churchill.

THE present number completes the second volume. It contains five lectures "On the Structure and Growth of the Tissues," recently delivered at the Royal College of Physicians, by Dr. Beale; besides papers on various subjects by Mr. Lee, Dr. Gibb, Mr. Harper, and others. Hereafter the *Archives* will assume a quarterly form.

THE NEW SYDENHAM SOCIETY'S YEAR-BOOK.

To the Editor of THE LANCET.

SIR,—The first of the New Sydenham Society's Year-Books was got out in such a manner as to render it remarkably unworthy of confidence, and to induce a somewhat critical examination into the value of the second, that for 1860, which has just been distributed. Having found in it one or two curious errors and omissions, I then turned to my own name, since I could feel more sure of what had been done during the year by myself, than of what others had published. Now, during the year 1860 there appeared by me an article

In the *Edinburgh Medical Journal*, "On Synovitis and Ulceration of Cartilages;"

In Beale's *Archives of Medicine*, "On Granulation in Gout Disease;"

In the *British and Foreign Medico-Chirurgical Review*, "On Osteitis;"

In THE LANCET, "On Scrofulous Synovitis."

Of these four articles the Year-Book mentions the last only. Of course, to me personally, as to the profession in general, this fact is only of consequence as a guage of the value of the Year-Book.

I have the honour to remain, Sir, yours very truly,

Old Burlington-street, Aug. 1861. RD. BARWELL, F.R.C.S.

THE LANCET.

LONDON: SATURDAY, AUGUST 31, 1861.

IF it demand a courage and a candour exceeding the common standard to make a public avowal of error, it may imply magnanimity as great to renounce a course of conduct deliberately entered upon in the conviction of right, in deference to the opinion of the body to which a man belongs. No profession, no cabinet, no nation, could preserve its integrity or its honour, unless its members were prepared, on fitting occasions, to sacrifice individual interests and opinions to the necessary laws of general conduct which are the bonds of communities. There are cases where the highest duty of a man is to abandon his own mode of thinking and acting, in order that he may think and act in harmony with the body of his associates. One animated with the right *esprit de corps* may, with propriety, admit that he regards his personal feelings on a point touching the common weal as a secondary consideration, and may with dignity declare that he is ready to adopt that course of action which the majority of his brethren have decided upon. This argument, properly applied, involves no dereliction of principle, no abandonment of honest convictions, but it calls for the exercise of the virtue of self-abnegation.

Those who calmly and dispassionately examine the course taken by Professor FERGUSSON in the recent discussion concerning consultations with homœopaths, will not fail to interpret his conduct in this light. The letter in which he announces that "he shall for the future consider it incumbent "upon him to decline any meeting or so-called consultation "with homœopathic practitioners," on the ground that "enjoying a large share of professional confidence, and holding "various important public appointments, he should consider "himself unworthy of such honours were he at the present "time to offer any objection to the expressed wishes and declared opinions of his professional brethren," is worthy of the writer. Whilst it is a gratifying proof—perhaps the most striking that has lately been witnessed—of the force of professional opinion, it is not the less honourable to the man who thus yields to the judgment of his brethren. The letter we have quoted will be regarded as the most severe rebuke that could be uttered against the unthinking portion of the fashionable world, which in its wantonness or its indolence sustains the monstrous and revolting fraud of homœopathy. These people are here told in unmistakeable language that the folly and the sin of bolstering up this senseless and mischievous delusion are all their own; that they will not and cannot compel men who have the promotion of medical science at heart to be their accomplices in lending countenance to fraud, or in pandering to the vain humours of insolent and tyrannous wealth. The homœopaths are here told that they must rely upon their own arguments and their own infinitely mysterious jargon to impose their nonsense upon the world; that they will get no factitious or constructive support from men who honour truth. So abandoned, and so resting upon the tricks of its professors, and the weakness of its supporters, this transcendental imposture must ere long be exploded. The eagerness shown by homœopathic quacks and dupes to catch a seeming sanction from legitimate science, is sufficient evidence that the Hahnemannic lie has no inherent vitality.

The step taken by Mr. FERGUSSON is, therefore, one that demands the approbation of the profession. Every candid mind will acknowledge that the situation of a surgeon, who by his very eminence in his vocation has become peculiarly and pre-eminently the servant of the public, must often be exceedingly difficult. The case of a physician seems simple enough. When called in to relieve a patient sick of an internal disease,—if he find a homœopath or any other irregular practitioner in attendance,—there is no room for hesitation as to his course. With such a person the physician can enter into no kind of participation in treatment. The whole matter may be summed up in a stage formula: "Enter Physician—exit Quack." But, in a surgical case, the position is sometimes more equivocal and embarrassing. The patient suffering from retention of urine, or some other complaint requiring a surgical operation, conceives that he has a right to the assistance of those who hold themselves out before the public as surgeons. He concludes that when the particular service required is performed, he may discharge the surgeon, and continue whatever system of treatment he prefers. It may be difficult for a surgeon under such circumstances to refuse to give the aid which he knows will save the patient from suffering, perhaps from death. He may, indeed, look to the patient alone, regarding the attendant homœopath in the light of a family friend or as some indifferent person. But here it unfortunately happens that the craft of the empiric prompts him to represent his concurrent presence with the surgeon as a professional consultation. The consequence is that the surgeon is made use of to degrade his own body, in order to lend a colourable sanction to charlatanry. Here the case seems clear enough. No person, howsoever exalted in rank or wealth, has a right to place an honourable man in such a position. No barrister, no clergyman, would consent to be so used. Knowing the unfair interpretation put upon such a meeting, the surgeon has no alternative but quietly to state to the patient that his skill is at his command, on the condition that the homœopath retire from the scene.

This is the determination at which Professor FERGUSSON has arrived. He will not sacrifice the honour of his profession by giving so much as a quasi-recognition of the homœopathic fraternity. His brethren will rejoice with us that he has seen the inconvenience and the mischief of holding any intercourse in the presence or even in the house of a sick person with practitioners whom his brethren cannot recognise, and for whose principles he can have no respect. This decision will be accepted as a proof that he values the good opinion of his professional brethren beyond the fickle favour of the homœopathic empirics, or that of their silly dupes. It would, indeed, have been a scandal past endurance to see a surgeon so eminent as Mr. FERGUSSON, filling the high and representative positions of an hospital teacher, of Councillor of the Royal College of Surgeons, and Examiner in the University of London, whilst he was lending even the shadow of his sanction to a system of empiricism. We do not hesitate to say, that Mr. FERGUSSON'S retractation was absolutely necessary to vindicate his professional character.

Whilst giving Mr. FERGUSSON full credit for the step he has taken, it must not be forgotten that his recent resolution was

the only alternative which he could have adopted. Any other course would have been ruinous to himself and degrading to the profession with which he is connected. It would have been far more gratifying to us could we have numbered Mr. FERGUSSON amongst that band of noble-hearted men who from the commencement have acted in a spirit of the highest honour, by emphatically repudiating this nauseous quackery. How much more commendable would Mr. FERGUSSON's conduct have been had conviction of the impropriety of his course been revealed to him at an earlier period; before, indeed, he had been forced by the united voices of the medical body to make his memorable declaration. He cannot now assume to be placed as foremost in defence of legitimate medicine with the honoured names of Sir BENJAMIN BRODIE, Dr. C. J. B. WILLIAMS, and others. We must again express our regret that the repentance of Professor FERGUSSON has been so long delayed.

With this decision all doubt henceforth is at an end concerning the position to be taken by legitimate practitioners towards those who are outside the pale of scientific medicine. There is no appeal and no exception from the universal judgment of the profession, endorsed by the venerable authority of Sir BENJAMIN BRODIE, who thus sums up the question in an able letter published in *Fraser's Magazine*: "To join with homœo-"pathists in attendance on cases of either medical or surgical "disease would be neither wise nor honest."

FEW Government inquiries gave rise at the time to more dislike by certain interested parties than did the Commission obtained by the Earl of SHAFTESBURY, now about twenty years ago, for examining into the condition of children and young persons employed in certain trades and manufactures. But the Report of that Commission was not less surprising to the world at large than its operation was distasteful to a particular portion of it. By its copious and very valuable body of evidence a state of matters was shown to exist at which people raised their hands in astonishment. It was to be expected, perhaps, that a general tale of early labour, long hours of work, insufficient and unwholesome food, and bad clothing would be narrated. People must live by their labour, and if working men be blessed with large families, that labour cannot be small whose results have to fill many mouths. It was not unlikely, too, that it should be found that the owner of each little mouth would be early taught to feed itself. Nor was it more surprising to be told that the places in which parents set their children to work were often lamentably defective in ventilation and drainage, and unregulated as respects their temperature and cleanliness, if not in what might be called "a disgusting state of filth." Such things the particular phase of our social economy seemed to almost necessitate. But if allowances were deemed possible for habits such as these, society refused to admit of the continuance of other and greater evils of the existence of which it now became cognizant. It learned that children were occasionally set to work by hard-hearted and rapacious parents as early as three and four years of age! and that in general regular employment commenced between seven and eight. Pins, earthenware, machine lace, hosiery, &c., were made in part by mere infants. Sometimes this forced and monotonous labour was continued from thirteen to fourteen hours consecutively; whilst the instances were rare in which the regular hours for work were less than twelve. Corporeal punishment was often inflicted upon the children, they being sometimes severely, and occasionally cruelly, used. In one branch of manufacture in a particular district, the treatment was found to be oppressive and brutal to the last degree. It was also found in one town, that hundreds of men were supported by the earnings of their wives and children, the former too often spending for the purposes of drink the money they might occasionally earn themselves. Where physical wretchedness and suffering are as great as this, the condition of morals is necessarily of the lowest kind; and this it was ascertained to be. Education in such homes as were described by the Commissioners was either useless or impossible; and the state of the females was deplorable in the extreme. Early death, or crippled forms and distorted limbs, with all their disabilities and protracted sufferings, prevented most of these wretched girls ever rising to the dignity of a wife and mother. Such a terrible picture, in fact, was presented of the effects of allowing parents and guardians to put young children to manufacturing labour that, after an attentive consideration of the reports of the several Commissioners, Mr. SENIOR remarked:—

"We look with shame and indignation at the pictures of American slavery, but I firmly believe that the children at the worst managed plantations are less over-worked, less tortured, better fed, and quite as well instructed, as the unhappy infants whose early and long-continued labour occasions the fabulous cheapness of our hardware and lace, and whose wages feed the intemperance of their parents."

Our readers well know that the benefits resulting from the Earl of SHAFTESBURY'S exertions were many, and brought great blessings to the poorer classes. Practically, they came before us in the Bills for the regulation of the labour of young children in coal mines, in print works, bleach works, and other factories. By the operation of these measures, many former evils have been mitigated, but the abuses still perpetrated are so great, so many new branches of handicraft have been created, and the mischief attending the existing system of employing children and young people so glaring, that a new inquiry has been deemed desirable. Under these circumstances, the philanthropic nobleman, to whom society already owes so much, took it upon him, just before the close of the Parliamentary Session, to move, "That an humble address be "presented to her Majesty, praying her Majesty to give direc-"tions that an inquiry be made into the employment of "children and young persons in trades and manufactures not "already regulated by law." Amongst these are to be found the tin, copper, lead, and zinc mines, black lead works, glass, earthenware, and brick-making, and many others which flourish in several of our manufacturing towns; where, though labour is most intense, want is greatest; where ingenuity is extreme, but vice and cunning are at their acme; and where, though everything is to be obtained, drunkenness and debauchery are the harpies which devour all.

We are glad to say that the noble Earl obtained a result to his motion which was in harmony with the cause to which he has devoted so much energy. It was, however, very properly observed in the discussion which took place, that though great benefit had accrued both to the manufacturers and the working classes by past legislation, it would not therefore be right to assume that legislation upon the matter before us must be beneficial, to whatever extent it might be pushed. It is, on the contrary, one of those subjects—a certain meddling

with the liberty of the individual, and with the authority of a parent over the child—to which the doctrine of limit particularly applies, and much of the success which has hitherto attended the interference of Parliament has been owing to the wisdom with which it has been conducted. Within the last few days some papers printed by order of the House of Lords, on the motion of the Earl of SHAFTESBURY, have been made public, and amongst which will be found a Report by the settlement officer of St. Pancras upon what he saw at Burnley. This Report affords full and very gratifying evidence as to the benefits accruing from existing legislation upon this important matter. It would appear that in the early part of the year, the Industrial Schools belonging to Liverpool having been nearly cleared, the spinners and manufacturers of Burnley made application to certain parishes in London—St. Pancras amongst the number—for boys and girls as apprentices. The guardians of the poor of this parish very properly sent down an official to Burnley that he might inquire into the state of the Liverpool apprentices already there. The London officer found them, we are told, quite contented, liking their employment, and "one and all said they preferred being there." The appearance of the children was healthy, some of them being fat even to repletion, and the girls looking decidedly better than the boys. The masters were "very particular in "requiring that the children should be of sound bodily health "and fitted for their occupation." The hours of work, it is true, are long,—i. e., from six to six, allowing half an hour for breakfast and an hour for dinner. The children are said to be well taken care of in the evening and on Sundays, and, upon the whole, possess prospects certainly superior to children placed with small tradesmen with little opportunity of learning anything that can be of real value. The settlement officer reports, in conclusion, that his own observation, and the information he received, "to a great extent satisfactorily solved "the question, Can a factory community be as moral, intellec- "tual, and healthy, as other states of society generally?"

There can be no doubt, then, that the obligations cast by the Government upon certain trades and manufactures as regards the employment of children are pretty widely and closely attended to, and it will be a vast boon to society if this good work which the noble Earl has commenced can be extended to other trades and manufactures than those which legislative supervision and interference have already reached. As regards young people, there must, however, always be a distinction drawn between those who are employed in large mills and other workshops, and those who work in the houses of their parents, as if in a domestic way. With the latter it will be almost impossible to interfere. But even as regards the condition of these, we trust there will be some amelioration; as their parents cannot help coming, in time, to feel the pressure of that call for social improvement which will be slowly intruding itself into their domestic limits by the advancement from without.

THE UNIVERSITY OF BRESLAU has been conferring its honours on several Englishmen. Mr. Darwin has been created Doctor by the Medical Faculty, in appreciation of his new History of Creation and Development; and Mr. T. H. Huxley, Professor of Natural History at London, in acknowledgment of his merits in the History of Fossil Animals, and Mr. J. S. Mill, in honour of his essay on Liberty, have been nominated Honorary Doctors by the Philosophical Faculty.

Medical Annotations.

"Ne quid nimis."

DRUNKEN MADNESS.

A PRACTICAL example of the form of drunken madness which has lately so much attracted the attention of physicians may serve to bring public opinion somewhat into harmony with the views which our profession are disposed to entertain in favour of legalizing restraint for persons certified to be subject to this condition of irresponsible *furor*.

At an inquest held this week on a person who had committed suicide, while in a state of delirium, by throwing himself from a window, it was shown that the friends of the deceased were aware of his uncontrollable infirmity, and had kept a constant watch over him, in the vain hope of baffling the impulses of a diseased mind to which the law does not allow the application of the only efficient remedy. In the course of the inquiry a gentleman relative expressed his regret, and also that of the other relatives, that, notwithstanding their endeavours to obtain restraint by means of a lunatic asylum for the unfortunate deceased, and thus to preserve his life, they could not do so in consequence of being unable to produce a medical certificate. The Deputy Coroner said it was to be regretted that there were no means in this country otherwise than by a medical certificate for placing persons suffering from the effects of excessive intemperance under restraint. He believed that if ready appliance and consent were given in many cases of delirium tremens life would be saved. The jury concurred in the remarks of the Coroner, and without further comment returned a verdict of "Suicide under temporary insanity."

Here the jury, under the influence of one observed fact, such as hundreds which come under the notice of the medical profession, adopted conclusions very similar to those arrived at by a congress of physicians who met recently at Edinburgh especially to deliberate on this and cognate questions. That meeting adopted unanimously the following resolution:—

"That many cases of excessive intemperance depend on disease, and constitute a form of insanity. That such cases cannot be treated without confinement more or less strict. That in the present condition of the law such treatment is frequently unattainable. That some cases of the kind require treatment by confinement, not different from that enforced on other insane persons. That for many more, a different system of treatment is desirable. That although such a system of treatment has already been established in various institutions in Scotland, into which persons are admitted with their own consent, yet it seems necessary, in certain cases, to afford the means of enforcing admission into such institutions; and that such institutions should be licensed, subject to the jurisdiction of the Lunacy Commissioners, and conducted under such regulations as the Act may direct."

The condition indicated in this resolution is not the mere habit, but the disease, of drinking. The facility of dealing with strongly-marked cases has not been denied. It has been, and is, widely held by lawyers and theologians, that the lesser shades of the disease offer a difficulty; and in deciding where the disease commences and the mere habit is swallowed up, the physician would have a difficult and delicate task. Difficult and delicate it would be, but not more so than the daily responsibility now incurred in dealing with cases of slight or masked insanity; not a more difficult task, and one equally subject to the checks, penalties, and restraints which provide sureties for cautious discrimination, and hence have so generally prevented abuse of any kind. The abstract difficulties of decision have always been found to vanish before a practical examination of the palpable condition of each particular case. The action of the physician in treating diseases need not interfere with that of the lawyer or the theologian. In asking for the power to restrain and cure, we do not affirm that the dipsomaniac shall be adjudged free from legal responsibility,

or protected from religious censure. Restraint is the only avenue to cure; and it may be hoped that this way will be opened by law.

THE ROYAL MEDICAL BENEVOLENT COLLEGE.

THE Founder's Day at this institution has been celebrated with remarkable brilliancy and success. Never has Mr. Propert appeared before the pupils on this anniversary without some good news; and on this occasion he was able to announce to them, that in consequence of a communication which he had formerly made to a benevolent friend as to the deficiency of exhibitions at Oxford and Cambridge, that gentleman having died a few days since, had bequeathed to the College the munificent sum of £5000 for exhibitions to those Universities. On these occasions the prizes and distinctions earned by the scholars are publicly distributed. Lord Chelmsford was present in his capacity of President, and the Bishop of Winchester and other distinguished personages, showed by their attendance the warm interest which they felt in this noble institution. Books to the value of upwards of £100 were distributed to the more advanced scholars, in the presence of a large number of ladies and medical practitioners, for the most part directly interested, through their own children, in the proceedings of the day. These included, not only the proper classical celebrations, by orations in prose and verse, but substantial festivities of a more material kind. Everything testified to the complete prosperity and excellent working of this magnificent charity and educational institute. The feelings of the founder may well be envied when he saw himself surrounded by so many who had reason to bless his name, and heard the cordial acclamations and fervent wishes which greeted his appearance and the complimentary mention of his name. It must be a source of deep gratification and pride to every right-thinking member of the profession, that this institution has thriven so greatly. But its wants are many, and its provision is still very inadequate. Nearly £10,000 are pressingly needed to bring it into full and fitting operation. £2000 of this sum have been found by the ladies. We earnestly hope that every medical practitioner will use his influence with the lay public—who are indebted to the profession for the gratuitous working of all the charities of this great country—to obtain from their gratitude and benevolence the sum required.

THE SEYMOUR LEGACY TO HOSPITALS.

A CASE of some importance to the London hospitals, which will take ultimately so large a sum under the will of the late Lord Henry Seymour, was on the 21st instant submitted to the Civil Tribunal of Paris. By the will made on the 19th of June, 1856, Lord Seymour "gave and bequeathed to Frederic Seymour 200,000 fr., and in the event of his death, to his eldest daughter, Mary Seymour;" and all his property not otherwise specified, to the hospitals of London and Paris. He made another will, dated the 22nd of June, 1858, which was almost a literal reproduction of the first one, but which made no mention of the bequest to Frederic Seymour or his daughter. Mr. Frederic Seymour being dead, his daughter—now Mrs. Biddulph—and her husband recently brought an action against the executors of the deceased nobleman, and also against the hospitals of London and Paris, his residuary legatees, to obtain payment of the 200,000 fr.; and they based it on the ground that as the legacy was not expressly revoked in the second will, it must take effect. But, on the part of the hospitals, counsel contended that the omission must by law be held to prove that the testator did not mean to make the legacy; and besides, they stated that he had left a written declaration to the effect that he annulled all bequests made previously to the 22nd of June, 1858. The tribunal decided that the suit of Mrs. Biddulph must be dismissed, with costs.

SCANDALOUS ENVELOPES.

THE New York quacks have apparently discovered a new mode of gaining a lucrative though offensive publicity, of which an idea may be formed from the following paragraph in the *New York Herald*:—

"The recent Post-office order providing against the transmission of envelopes with scurrilous or scandalous matter printed or written on them is intended to cover such cases as that of a Massachusetts quack doctor, which was brought to the attention of the Department, he having selected that mode to indecently advertise his business. The order does not, as many soldiers and others suppose, prevent the passage through the mails of envelopes with patriotic and Union devices or designs."

Correspondence.

"Audi alteram partem."

ON THE TREATMENT OF CHOLERA.

To the Editor of THE LANCET.

SIR,—Thirty years bring about many changes; and who is there amongst us who can look back through that period without a long list rising up before his mind of theories of disease which have proved unsound, and of systems of practice which have been superseded? Your abstract of Dr. Toulmin's paper, read before the Harveian Society, contained in THE LANCET of the 17th instant, carried my mind back exactly twenty-nine years, when I advocated in your pages the use of cold water in the treatment of cholera.* I had just returned from Poland, and was convinced that the deprivation of this fluid, which was part of Mr. Searle's Indian calomel treatment, was injurious. When I arrived in Berlin, this opinion was confirmed by the success which attended there the treatment by cold affusion and the unlimited supply of cold water. My letter to THE LANCET above alluded to was to support Dr. Hardwick Shute's views of the successful treatment of malignant cholera by these means. Dr. Alderson, of Hull, afterwards adopted the same treatment. Since then I have lived in a part of the country which was never visited by cholera; but it is some satisfaction to find that after so long a period Dr. Toulmin finds that this treatment so successfully supports the very ingenious and plausible theory which he advocates. I may state, however, that his views of the pathology of this disease are not entirely new, as, if I mistake not, they were held by Mr. Salter Bell and others, who in those days referred the phenomena of cholera to a loss of power, or death, as it were, of the sympathetic nerve by the direct action of the poison, and a consequent suspension of the function of those organs over which it presided. Dr. Toulmin, I see, has a theory that the poison attaches itself to the serum of the blood, and that the rice-water stools and the consequent suspension of secretion are an effort of nature to rid the system of this poison. I think, however, that though the order of events as described by Dr. Toulmin is strictly correct, they can be better explained upon Mr. Salter Bell's theory of direct action upon the sympathetic nerve and a consequent loss of organic function. The liver refuses to secrete bile, and the kidney to excrete urine. But the elements from which the bile and urine are taken are still in the blood, and consequently there is a vicarious elimination of the serum by the bowels. All the symptoms, then, are directly explained by the direct action of a poison on the sympathetic nerve.

I am, Sir, yours respectfully,

Colchester, August, 1861. C. R. BREE, M.D.

RANK AND DRESS OF SURGEONS IN THE ARMY.

To the Editor of THE LANCET.

SIR,—I have endeavoured by inquiry to ascertain the real position and relative rank of surgeons, regimental and otherwise, in the army.

There is no difference in relative rank between a staff surgeon and a regimental surgeon; both rank alike, the latter being

* THE LANCET, vol. ii. 1831-32, p. 722.

attached to a regiment, the other not, but engaged in other duties, as in an hospital or otherwise. A surgeon, whether staff or not, becomes surgeon-major after a certain number of years' service on full pay, and then ranks as a lieutenant-colonel, though junior. As a surgeon, he ranks as a major, but junior in that rank.

An assistant-surgeon may be in the same way regimental or staff, and on entering the service ranks as lieutenant, and after six years' full pay service as captain, in *either case* his rank being in the regiment according to the date of his commission.

The dress of the surgeon or assistant is exactly that of the rank he holds; his appointments and his lace are exactly as those of the combatant officers. The surgeon-major would bear the lace and crown on his collar of the lieutenant-colonel; the surgeon the lace and star of the major; the assistant-surgeon the lace, star, and crown of the captain, if of that rank, or if only of lieutenant's rank he would simply bear the lace and crown of that officer. In those regiments or corps where the distinction of rank is also evidenced on the sleeve of the tunic the surgeon does the same as the other officers.

The *full surgeon* and the *surgeon-major*, being of the rank of field-officers, are entitled to be mounted, and may be so if they like; and they always wear spurs when on parade, mounted or not, to show their privilege. Their saddles, bridles, bosses, bits, and holsters are as those of the other mounted officers. The saddle cloth is of the colour of the facings of the tunic, and in most regiments of the line (there may be exceptions) they bear on the corner of the saddle cloth the number of the regiment embroidered, or else the distinctive badge (star or crown), as on his collar, according to rank.

The staff surgeons or assistant-surgeons, when their dress is *not* determined by their being attached to a regiment, have a uniform special for such staff officers. But *all* medical officers, staff or regimental, wear black sword belts, and a black pouch and cross belt, and *never* the accoutrements worn by the officers of the regiment to which they may be attached; nor do they wear the sash.

All medical officers, of whatever rank, wear, with a few exceptions, as seen in the official regulations for dress in the army, the cocked hat with black cock-tail plume for full dress; I believe the same is now ordered for rifle regiments.

The term battalion surgeon does not hold except it be used as synonymous with regimental surgeon, and every surgeon and assistant-surgeon is, with the paymaster and quarter-master of his regiment or battalion, a staff officer of that regiment. In the case of administrative battalions of volunteer corps, the surgeons are in the same way on the staff of those battalions as in the case of individual regiments of the line. There is no difference in rank in either case, the administrative battalion simply representing a regiment, the term having been invented for the purpose of collecting together scattered or small independent corps representing local companies too small by themselves to act as battalions. Many such companies have had *honorary* assistant-surgeons gazetted to them, but they hold no substantive rank, and if called into action would serve without pay, the surgeon and assistant-surgeon to the administrative battalion being the paid and responsible officers.

It will thus be seen that there is no difference between a staff surgeon and a regimental or battalion surgeon; and the meaning of the word "staff" applied to such officers is wholly different from what it is when applied to other branches of the service.

I am, Sir, yours truly,

August, 1861. M.B.

ON

THE PRESERVATION OF VACCINE LYMPH.

To the Editor of THE LANCET.

SIR,—It will, doubtless, be admitted that there are few, if any, matters connected with hygiene of greater importance than the successful performance of vaccination. Having, in common with most other medical practitioners and public vaccinators, occasionally experienced the difficulty of preserving a constant supply of vaccine lymph, I read with eagerness Dr. Husband's pamphlet, entitled "Exposition of a Method of Preserving Vaccine Lymph Fluid and Active." I sanguinely set to work to follow the directions therein given, hoping that I should find in the capillary tubes the means of a sure supply of reliable lymph. I regret to state that my expectations have not been realized; indeed, I have been somewhat surprised on counting my cases to find that my success with capillary tubes has fallen far short of that which attended me in the previous employment of ivory points, as will be seen from the following statement:—

143 cases vaccinated with lymph preserved dry on ivory points—2 failed; 9 did not return.

40 cases vaccinated with lymph preserved moist in capillary tubes—9 failed.

I should state that the first of the above two series of cases were noted before I was acquainted with Dr. Husband's plan.

That I have met with so many failures in the use of tubes may be owing to want of skill on my part; but I have not spared trouble or attention to the experiment, as I could not see any good reason why, if success could be secured by Dr. Husband nine times of ten, a much higher rate of success should not be obtained—fully equal, at all events, to that attained by the use of dry points. This, however, as I have now shown, has not occurred in my hands; and I am compelled to revert to the old and less uncertain plan of preserving lymph dry on ivory points.

I have endeavoured to ascertain whether the vaccine undergoes in the capillary tubes any physical or chemical change, recognisable by the microscope, that should account for failures. I examined under a Ross's quarter-inch object-glass the contents of two tubes of lymph, dated July 27th of the present year, and one dating fifteen months back. I found the lymph globules and a considerable quantity of granular matter, which appeared to be broken-down globules. In one other tube, which had been charged four weeks, I found a complete cast or lining of the tube, of a granular character, the globules being absent. In the next place, ivory points, dating Jan. 30th and April 29th, 1860, were examined by gently moistening the lymph with distilled water on a glass slide. Well defined lymph globules were observed, although not in so great abundance as seen in fresh lymph, and there was notably less granular matter.

From these observations I infer that the lymph preserved in tubes undergoes those physical changes which, as observed by Mr. Marson, lymph and all other moist animal substances are prone to undergo. When preserved on glass stoppers, and exposed to the action of the air, these changes render the lymph unfit for use in twenty-four hours, and in not many more hours even dangerous. Protected from the action of the air by enclosure in capillary tubes, these changes do not extend beyond impairing the activity of the lymph; while microscopic examination and the practical results of its employment prove that lymph may be preserved in greater integrity in the dry state than by any means which keep it moist.

I remain, Sir, yours, &c.,

Upper Holloway, August, 1861. W. B. KESTEVEN, F.R.C.S.E.

CONSERVATIVE SURGERY.

To the Editor of THE LANCET.

SIR,—Dr. Nichols's interesting case of conservative surgery, published in your impression of last Saturday, is a happy illustration of the reparative power of the human body in a remarkable degree. I can fully endorse his opinion that such a fact cannot be too widely disseminated, from an experience of a few successful cases which have come under my care in this busy and commercial part of the metropolis.

I wish to record one which occurred to a young man engaged at a sausage machine, whereby the second phalanx of the middle finger was cut through, hanging only by a small portion of integument. I attempted to save the end of the finger, at the earnest request of my patient, adopting the usual procedure of accurate adaptation, enjoining perfect rest, and keeping the part warm. Contrary to my expectation, there was union in a few days, the case progressed favourably, and he made a good recovery.

I am, Sir, yours obediently,

FREDERIC C. CORY, M.D., L.R.C.P.E.

Nassau-place, Aug. 1861.

PARISIAN MEDICAL INTELLIGENCE.

(FROM OUR SPECIAL CORRESPONDENT.)

AT the last meeting of the Academy of Sciences, M. Dareste laid before the members of that learned body the results of his researches on the artificial production of monstrosity or abnormal conformation in the chick by means of certain external appli-

cations to the egg-shell. These experiments, which are in a great measure a repetition of those already performed by M. Geoffroi St. Hilaire for a similar purpose, tend to prove the correctness of that physiologist's conclusions. The method which, in the hands of M. Dareste, has most frequently determined the production of monsters has been that of rendering one half of the egg-shell air-proof by means of a slight coating of oil. Eggs thus prepared and placed under the fowl for incubation, when hatched or broken at the expiration of the term, presented three varieties of phenomena. Either absence of development was noticed, or else partial normal development was attained, or abnormal conformation and monstrosity were present. Although, as M. Dareste observes, no general principle can be laid down whereby the mode of production of irregular growths can be explained, yet for the most part monstrosity is found to coexist with a remarkable modification in the ordinary relative positions of the embryo and vitellus. In the physiological condition, at the outset of development, the embryo is seen lying upon the vitellus, its ventral surface being in contact with this structure. During the first few days of incubation several changes may be remarked in the attitude, so to speak, of the embryo. On the third day, for example, the head, originally in the same line with the axis of the body, curves forwards so as to form a right angle with the cervical portion, and at the same time a lateral twist brings the left side of the embryo into juxtaposition with the vitellus. On the more or less regular accomplishment of these and certain other physiological evolutions of the embryo with reference to the vitellus depends, in the opinion of M. Dareste, the natural or unnatural development of the several parts of the chick. For instance, he has observed that in those cases in which the inclination forwards of the cephalic extremity was not accompanied by a coincident displacement of the lower portion, the lower limbs became atrophied, whilst the upper extremities were of the usual proportions. As the researches of this physiologist are at present only at their *début*, the elucidation of many curious points in connexion with this mysterious subject may be shortly expected.

Dr. Lamare-Piquot also communicated a highly interesting paper relative to a case of regeneration of bone which occurred in his practice. The patient, a boy of fourteen, met with a fearful railway accident, one of his arms being broken and one of his legs crushed under the wheel of a baggage truck. The tibia was smashed, or rather pulverized, into innumerable splinters, many of which were removed; and the fibula was in a like desperate condition. Although, from the nature of the case, a conservative course seemed to be rather hazardous than otherwise, nevertheless an attempt was made to save the leg. The limb was placed on a splint, and subjected to continued irrigation for the space of thirty-seven days, the quantity of water daily used in the process varying from twenty to twenty-five quarts. At the end of three months the few remaining shreds of periosteum began to resume their bone-making functions; and so successfully is this second crop of osseous tissue proceeding at the present moment, that ere long the entire tibia will have been replaced by new material, and the boy be able to walk without crutches.

On Tuesday last a paper was read by Dr. Duchesne, at the Academy of Medicine, upon the frequent occurrence of lead-colic amongst the workmen employed in the enameling of iron, and upon the means which may be employed in order to prevent saturnine poisoning in this particular branch of the arts. Some time back the French Government decided upon substituting hooks of enameled iron for the porcelain rests which all who travel by railway must recollect having seen attached to the telegraph posts. In order to furnish these supports two manufactories were established at Paris—one at the Glacière, the other at Bercy; and very shortly afterwards numerous cases of lead-colic were observed amongst the workmen employed. A committee was immediately appointed to examine into the matter, and, being composed of practical men who were not satisfied with the mere sterile "report" too frequently the only result of such deliberations, a remedy was suggested,—namely, the adoption by the workmen of a mask, so constructed as to prevent the enamel dust from being either breathed or swallowed. M. Duchesne, who formed part of the committee, concluded his paper with the following remarks:—1st. The quantity of oxide of lead which enters into the composition of glass, or which is added to the materials requisite for the fabrication of enamel, is fully sufficient to give rise to saturnine poisoning. 2nd. It is at the present time fully established that the symptoms occasioned by the introduction of lead into the human economy are quite as frequently noticed in the male as in the female. 3rd. The enamel dust is introduced into the economy, not only by the stomach, but also by the organs of respiration; and although it is quite possible that lead may be absorbed by the skin, nevertheless it does not appear, when brought into the blood through this channel alone, to be so in sufficient quantity to produce its poisonous effects on the system. Consequently the best means of rendering the occupation of the enamel-worker less prejudicial to his health is to enforce the constant use of the mask, whereby the entry of lead-dust into the mouth or nose is prevented.

The veterinaries are still hard at it, to use a vernacular expression; and M. Jules Guérin has incautiously called down all the thunders of Alfort upon his head. This gentleman, in an indulgent moment, suggested that possibly the disease under discussion—glanders—was not really so black as it had been painted; that it might have been maligned; that it no doubt possessed, on certain occasions (few and far between it might be), disagreeable symptoms and results, but that these must surely be the exceptions, not the rule; and that it was often to be found under a more benignant aspect than that represented in its portrait as drawn by M. Bouley. In fact, so strong a case seemed likely to be made in favour of this affection, that an uninitiated hearer might have gone home under the impression that glanders constituted a malady which, on the whole and all things considered, was rather desirable in its nature than otherwise. Such barefaced heterodoxy was enough, or rather too much, for the staff of Alfort. Brandishing their scalpels aloft, and with the cry of "Benignant glanders!" "Alfort to the rescue!" the whole corps swooped down and proceeded *more suo* to M. Guérin's "vivisection." Well-horsed as they are, and clad in clinical armour, the result can hardly be doubtful; and though M. Guérin still fights like a man, he must lose, for his opponents are legion, and his cause is a bad one. But he is not a veterinary, and should not have placed himself in that *galère*.

The *Siècle* has the following:—"We often allude to the encroachments of the clergy upon the domains of medicine; and *L'Union Médicale* points out a fresh instance in its last number of this growing tendency to transform parish priests into physicians by means of little pamphlets containing infallible remedies for all sorts of maladies—such as hernias, palpitations of the heart, aneurism, erysipelas, complaints in the chest, hydrophobia, sprains, &c., and *even maladies peculiar to the other sex*." A remedy for jaundice, discovered by a certain Abbé P——, is as follows (the Abbé writes to a patient no doubt):—"I can communicate to you a remedy I have employed against jaundice with the greatest success. I have already tried it on one of my sisters. Her skin was as yellow as an orange, so I took a live eel, placed it round her throat like a necklace, and then stitched the animal's head and tail together. In twenty-four hours the eel had sucked out all the humours, and become quite yellow, and the cure was complete." "We might," adds the *Siècle*, "quote two hundred recipes of the same value—(N.B. This journal kindly abstains from so doing)—all prescribed by ecclesiastics, who certify that they have employed them with success."

Your naturalist readers will be interested to hear that, in consequence of the success which has attended the recent endeavours to breed fish and oysters in France and on the coast, certain enterprising individuals have determined to attempt the cultivation of sponge on the French shores in the Mediterranean. The present supply of that useful article is chiefly obtained from the coasts of Greece and Syria, where it is found at depths varying from thirty to forty-five yards. The quantity obtained, however, is yearly diminishing, as the drags or dredges used in gathering it destroy the plant. The projectors of the new scheme propose to explore the bottom between Alexandretta and Beyrouth by means of diving apparatus, and to detach portions of rock with young sponges sticking to them for transplantation. The plan has been submitted to the Society of Acclimatization, and, should it be successfully carried out, the eleven millions of francs now yearly paid by France for sponge would be kept in the country.

Dr. Sales-Girons has, he says, discovered a curious effect of the aromatic principle of tar. It is well known that in order to obtain nitrogen, phosphorus is placed under a receiver containing atmospheric air; the oxygen is absorbed, and the nitrogen left free. But if tar be placed in an open vessel under the receiver, and sufficient time be allowed for the aromatic principle to pervade the air confined in the receiver, a stick of phosphorus introduced into the latter will remain insensible to the action of oxygen, and no fumes are evolved. This can only be explained by supposing that the aromatic principle of the

tar guards the phosphorus, so to speak, from the action of the oxygen. Has this anything to do, asks the memoir in conclusion, with the antiseptic qualities of tar?

The Lyons journals state, as a sort of *pendant* to your English lady-medical students, that amongst the candidates for the degree of Bachelor of Letters is a young lady, who, compelled by reverse of fortune to bestir herself, has had the perseverance to carry her studies beyond the usual limits. The interesting *aspirante* to honours has already passed the first examinations with great credit, and will, in all probability, shortly be the first *bachelière* ever admitted by the University of France.

Paris, August 27th, 1861.

Medical News.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on the 22nd inst.:—

Cresswell, Nathaniel Engleheart, Canterbury.
Finch, Henry, Newnham-Croft, Cambridge.

The following gentleman also on the same day passed his first examination:—

Boulton, Albert E., King's College.

UNIVERSITY OF LONDON.—The following are lists of candidates who passed the respective examinations indicated:—

BACHELOR OF MEDICINE.—PRELIMINARY SCIENTIFIC EXAMINATION.

PASS EXAMINATION.

First Division.

Axford, William Henry, King's College.
Bruce, Alexander, University College.
Carter, William, Charing-cross Hospital.
Casey, Edward, King's College.
Cass, William Leonard, Guy's Hospital.
Clarke, Julius St. Thomas, Guy's Hospital.
Dean, Peter Maury, University of Edinburgh.
Edis, Frederic Pooley, Westminster Hospital.
Gervis, Frederick Heudebourck, St. Thomas's Hospital.
Godrich, Henry, B.A., adjoining St. George's Hospital.
Harries, Gwynne Henry, King's College.
Hicks, John Wale, St. Thomas's Hospital.
Hinds, James, Queen's College, Birmingham.
Hingston, Charles Albert, St. Bartholomew's Hospital.
King, George, London Hospital.
Leech, Daniel John, Royal Manchester School of Medicine.
Ludlow, Ebenezer, St. Bartholomew's Hospital.
Morton, John, St. Thomas's Hospital.
Oliver, George, University College.
Phillips, John Jones, Guy's Hospital.
Pitt, Charles Wightwick, Middlesex Hospital.
Powell, Richard Douglas, University College.
PyeSmith, Philip Henry, Guy's Hospital.
Richards, Frederick William, Winchester Hospital.
Rickards, Walter, University College.
Smith, William Frank, Guy's Hospital.
Stevenson, Thomas, Guy's Hospital.
Taylor, Shephard Thomas, King's College.
Walker, George Edward, University College.
Wesley, John Sebastian, King's College.
Wood, John Henry, King's College.

Second Division.

Barnes, Edward Charles, St. George's Hospital.
Bingley, William Philipps, University College.
Brook, Charles, St. Bartholomew's Hospital.
Brown, Alfred Gardiner, Guy's Hospital.
Browne, Edgar Athelstane, Charing-cross Hospital.
Buckmaster, Charles Addams, King's College.
Burnard, Charles Frederick, St. Bartholomew's Hospital.
Carreg, Griffith Llewelyn, Queen's College, Birmingham.
Coathupe, Charles Thomas, Bristol Royal Infirmary.
Compson, John Charles, University of Edinburgh.
Corbin, Thomas Wilson, St. Bartholomew's Hospital.
Dawson, Frederick, London Hospital.
Eccles, George Henry, St. Bartholomew's Hospital.
Ferris, John Spencer, King's College.
Fox, Edward Lloyd Harries, University College.
Gwyther, James, Owens College.
Jackson, Thomas Creswick, King's College.
Makens, John, Guy's Hospital.
Marsh, Frederick Howard, St. Bartholomew's Hospital.
Mickley, Arthur George, Guy's Hospital.
Morton, Arthur Treherne, St. Mary's Hospital.
Nunneley, John Albert, Leeds School of Medicine.
Rawlins, William Peter, University College.
Rogers, William Moon, University College.
Southam, George Thomas Mitchell, St. Bartholomew's Hospital.
Squarey, Charles Edward, University College.
Thorne, Richard Thorne, St. Bartholomew's Hospital.
Waters, John Mangin, University College.
Wearne, Vivian, St. George's Hospital.

EXAMINATION FOR HONOURS.

Chemistry and Natural Philosophy.

Bruce, Alexander (Exhibition), University College.
Æq. { Dean, Peter Maury, University of Edinburgh. / Hicks, John Wale, St. Thomas's Hospital.
Godrich, Henry, B.A., adjoining St. George's Hospital.
Casey, Edward, King's College.
Wood, John Henry, King's College.
Carter, William, Charing-cross Hospital.
Harries, Gwynne Henry, King's College.

Biology.

Æq. { Dean, Peter Maury, } (Exhibition) { University of Edinburgh. / Hicks, John Wale, } { St. Thomas's Hospital.
Æq. { Carter, William, Charing-cross Hospital. / Hinds, James, Queen's College, Birmingham.

FIRST M.B. EXAMINATION.

PASS EXAMINATION.

First Division.

Axford, William Henry, King's College.
Clarke, Julius St. Thomas, Guy's Hospital.
Fox, Edward Lloyd Harries, University College.
Gwyther, James, B.A., Royal Manchester School of Medicine and Owens College.
*Money, Frederick John, St. Thomas's Hospital.
PyeSmith, Philip Henry, B.A., Guy's Hospital.
Rickards, Walter, University College.
Smith, William Frank, Guy's Hospital.
Stevenson, Thomas, Guy's Hospital.
Walker, George Edward, University College.
†Waters, John Mangin, University College.

Second Division.

Brook, Charles, St. Bartholomew's Hospital.
Ludlow, Ebenezer, St. Bartholomew's Hospital.
Makens, John, Guy's Hospital.
†Southam, George Thomas Mitchell, St. Bartholomew's Hospital.

* Examined in Physiology and Chemical Toxicology only.
† Examined in Anatomy, Materia Medica, and Applied Chemistry only.

EXAMINATION FOR HONOURS.

Anatomy.

Clarke, J. St. Thomas (Exhibition and Gold Medal), Guy's Hospital.
Stevenson, Thomas (Gold Medal), Guy's Hospital.
Walker, George Edward, University College.
Rickards, Walter, University College.
Axford, William Henry, King's College.
Æq. { PyeSmith, Philip Henry, B.A., Guy's Hospital. / Smith, William Frank, Guy's Hospital.

Physiology, Histology, and Comparative Anatomy.

PyeSmith, Philip Henry, B.A. (Exhibition and Gold Medal), Guy's Hospital.
Clarke, Julius St. Thomas (Gold Medal), Guy's Hospital.
Stevenson, Thomas, Guy's Hospital.
Smith, William Frank, Guy's Hospital.
Rickards, Walter, University College.

Materia Medica and Pharmacy, and Chemistry in relation to Physiology, Pharmacy, and Toxicology.

Stevenson, Thomas (Exhibition and Gold Medal), Guy's Hospital.
Fox, Edward Lloyd Harries (Gold Medal), University College.
Clarke, Julius St. Thomas, Guy's Hospital.
PyeSmith, Philip Henry, B.A., Guy's Hospital.
Walker, George Edward, University College.
Rickards, Walter, University College.

ROYAL COLLEGE OF SURGEONS, EDINBURGH.—The gentlemen whose names are subjoined, having passed the necessary Examinations, were admitted Licentiates of the College at the recent sittings of the Court of Examiners:—

Adam, Harvey Hall, Aberdeen.
Anton, Joseph, Damascus.
Barrett, Richard, Co. Cork.
Bennett, John, Ruthven.
Blair, Wm. Henry, Peterborough.
Browne, Jas. Crichton, Edinburgh.
Carrington, Atholl Forbes, Dunkeld.
Davidson, Thomas, East Indies.
Douglas, Campbell Mellis, Canada.
Duggan, Wm. Nelson, East Indies.
Forbes, George, Banffshire.
Harbison, John, Co. Down.
Moriarty, Thomas Barry, Limerick.
Morrow, Hugh, Co. Down.
Nairne, John, Logie Almond.
Niven, Joseph, Perthshire.
O'Flynn, Denis James, Cork.
Robertson, Daniel Grant, Wick.
Slosser, Charles, Aberdeenshire.
Smith, Alfred Rickards, Hereford.
Summers, Llewellyn John, Ramsey, Isle of Man.
Valentine, Colin Strachan, Brechin.
Watson, Wm. M'Culloch, Montrose.

The next Preliminary Examination in General Education of candidates for the diploma of this College will be held on Saturday, the 26th of October. The next Primary Professional Examination (which will embrace Anatomy, Physiology, and Chemistry) will be held on Wednesday, the 6th of November; and the next Second Professional Examination (Surgery and Surgical Anatomy, Medicine, Midwifery, Materia Medica, and Medical Jurisprudence) immediately after the conclusion of the Primary Professional Examination.

THE MEDICAL SCHOOLS in connexion with the leading London Hospitals will be opened on Tuesday, October 1st. At King's College Hospital the address will be delivered by Professor Bentley; at the Westminster, by Dr. Marcet; at University College, by Dr. Harley; at the London, by Dr. Ramsbotham; at St. Mary's, by Mr. Spencer Smith; at St. Bartholomew's, by Dr. Frankland; at St. George's, by Mr. Maxwell T. Masters; at Guy's, by Dr. Odling; at St. Thomas's, by Dr. Bernays, the Dean; at Middlesex, by Dr. Murchison; at the Grosvenor-place School, by Dr. Francis Webb. The address at the Leeds School of Medicine will be delivered by Mr. Wheelhouse; at the Sheffield Medical Institution, by the Rev. J. Hughes.

THE MEDICAL ASSISTANTS' BENEVOLENT ASSOCIATION.—At a numerously attended meeting, held on the 27th inst., at the offices of the Association (7, Palsgrave-place, Temple),—Marshall Monckton, Esq., in the chair,—the following gentlemen were elected to hold office for the ensuing year:—Dr. T. H. Tanner (Assistant-Physician to King's College Hospital), President; Mr. George Lewis Cooper, Treasurer; Dr. George C. Millar and Dr. Charles A. Floyer, Trustees; Mr. James Charles Anderson, Secretary. At the next meeting of the committee, a third trustee will be elected in conformity with the present Act of Parliament. Mr. J. Bilham, of Horsham, was elected representative for the county of Sussex.

POLYTECHNIC INSTITUTION.—The services rendered to the cause of popular education by Mr. Pepper, received a gratifying recognition on Monday evening last, in the vast throng assembled to welcome him back to this institution. The subject chosen by Mr. Pepper was Ventilation, the lecture being illustrated by some ingenious experiments. The entertainments concluded with the exhibition of a series of beautiful dissolving views, illustrative of a "Voyage down the Stream of Time," commencing with the rock temple of Abou-Simbel, in Egypt, and terminating with the great fire at London-bridge.

BOARD OF TRADE, WHITEHALL.—The Right Hon. the Lords of the Committee of Privy Council for Trade have received from the Secretary of State for Foreign Affairs a copy of a despatch from her Majesty's Consul at Lisbon, enclosing a copy of a notice issued by the Portuguese Board of Health, declaring the Province of Pará (Brazil) to be considered infected with yellow fever since the 10th of June last.

THE BRITISH MUSEUM.—During the autumn recess, which will extend from Saturday, the 31st inst., to the 7th proximo, inclusive, several important alterations in the arrangement of the objects in the various departments of the national collection will be carried into effect. In the Ethnological Department an improved arrangement, and, to some extent, a new classification, has been undertaken by Professor Owen and his assistants, in order to include the additional specimens comprised in M. du Chaillu's African collection, and the contributions of other recent discoverers in the study of natural history which have found places in the galleries. The mosaics from Carthage, which have hitherto been only partially displayed in one of the basement rooms, are to be exhibited to the public; and further alterations will be effected in the disposition of the casts and sculptures in the Athenian galleries. Increased facility is to be provided in the reading-room for reference to the volumes of the old catalogue which have not hitherto been labeled and arranged in divisions, and additional copies of the printed catalogue are to be supplied for the use of readers. The proposed changes will be carried out to the utmost extent the short period allotted for the autumn vacation will admit.

DEPUTATION TO SIR ROBERT PEEL, BART., M.P., OF MEDICAL OFFICERS OF LUNATIC ASYLUMS.—On the 23rd inst. Sir Robert Peel, the new Chief Secretary, received, at the Castle, Dublin, a deputation of members of the Association of Medical Officers of Asylums and Hospitals for the Insane, who had been appointed at the late annual meeting of that body, held in the above city, to wait on him for the purpose of bringing under his notice the condition of the District Lunatic Asylums of Ireland in respect of their professional superintendence. The gentlemen comprising the deputation were Dr. Lalor, the President of the above-mentioned Association, and Physician-Superintendent of the Richmond District Asylum; Dr. M'Munn, Physician-Superintendent of the Sligo District Asylum; Dr. Delaney, Physician-Superintendent of the Kilkenny District Asylum; Dr. Power, Physician-Superintendent of the Cork District Asylum; Dr. Boisragen, late Physician-Superintendent of the County Asylum, Cornwall; and Dr. Robert Stewart, Secretary to the Association for Ireland, and Physician-Superintendent of the Belfast District Asylum. Dr. Lalor, on the part of the deputation, made a statement, shortly referring to the principal object in view,—viz., to bring under the special notice of the Irish Executive the existing unsatisfactory condition of the internal management of the district asylums of Ireland, in which the respective resident medical officers, during their several appointments in such by the Lord Lieutenant, have been the really responsible and acting persons in the medical, moral, and general superintendence of those invaluable establishments, though, according to the rules and regulations of the Privy Council for the government of the district asylums, as adopted in 1843, when Lord St. Leonards was the Irish Chancellor, and which are still in operation, the visiting physicians are vested with the medical and moral treatment of the patients. At the time of the framing of the above rules, the asylums had at their head officers termed "managers," all of whom, with but one or two exceptions, were non-medical, and those only accidental. Since then, however, and during the last eighteen years at least, as vacancies have arisen in the office of "managers," medical men were appointed expressly as "resident-physicians," being qualified and empowered to conduct the medical and moral treatment of the patients; but still the old rules remaining as they were, their status was not properly recognised—a grievance which has been the cause of much discomfort and dissatisfaction. Dr. Stewart and the other gentlemen present having also expressed their views, the Chief Secretary stated that he would not fail to give his best consideration to the several points which had been then discussed, and expressed himself much gratified with the important information he had received. The deputation retired after a lengthened and very satisfactory interview.

THE ARMY SURGEONS IN AMERICA.—A number of our surgeons and soldiers, and one lady, (writes the Washington correspondent of the *New York Herald*,) who were taken prisoners at Bull's Run, and conveyed to Richmond, arrived at Washington on the 13th, viâ Fortress Munroe and Baltimore. They furnish many interesting facts relating to their capture and residence amongst the rebels. The surgeons are here on parole, and were allowed their liberty, since they remained on the field to take care of the wounded, and did not, therefore, join in the retreat, with other officers. For this humane, as well as brave act, they were complimented by Generals Beauregard and Johnston, and, being non-combatants, have been allowed great privileges. Dr. Stewart, surgeon of the 1st Minnesota Regiment, who was taken prisoner when the retreat commenced, states that the surgeons were not allowed to go on the field after the battle had concluded, but were permitted to enter the hospitals, and attend to the wounded. The wounded and their attendants were treated very kindly by the people living in the vicinity of Manassas. No distinction was made between friend and foe, and everything was done to alleviate suffering. After a day or so he and his companions, together with other prisoners, were taken to Richmond, where they were confined in a prison, formed out of a tobacco warehouse. Here they were closely guarded, but treated kindly, being furnished with good food, and as comfortable quarters as circumstances would permit. The surgeons solicited permission to visit the hospitals in Richmond, and aid in attendance on the wounded, but this request was peremptorily refused by the surgeon-general of the rebel army.

NÆVUS MATERNUS; DELIGATION OF THE EXTERNAL AND COMMON CAROTIDS.—M. Bertherand has communicated the following case to the Surgical Society of Paris. A child four months and a half old was brought to the Algiers Hospital with a nævus covering the whole of the left temporal fossa, reaching above to the vertex, posteriorly to the occipital protuberance, and below to and into the eyelids, which could not be opened. This extensive mole was the result of the rapid development of a mere vascular stain at birth. M. Bertherand first tied the external carotid, whereupon the tumour diminished considerably, and success was thought complete, but within a few hours the vessels filled again. Perceiving this in the evening, M. Bertherand placed the child again under chloroform, and tied the common carotid artery. The diminution and sinking of the tumour were not so plain now as after the first operation. On the third day, however, it began to shrink, gradually withered, suppurated in some places, and finally disappeared. Not the slightest untoward symptom occurred. The author thinks this the only case where so young a child (four months and a half) was successfully operated upon. He mentions Mr. Wardrop, whose patient underwent the operation at the age of six weeks, but died in consequence of it; M. Mayo, who operated at five months, but where a relapse took place; Mr. Wardrop, again, who tied the vessel at seven months, Mr. Rogers at eight, Pirogoff at nine, and Zeis at fifteen; of these cases, the first two were successful, but the last two did not survive.

LUXATIONS INTO THE THYROID FORAMEN.—M. Sédillot, professor at the Military Medical School of Strasburg, has lately brought before the Academy of Sciences of Paris a series of cases of great interest, which would tend to prove that patients affected with unreduced luxations of this kind can walk without pain and with little difficulty, in spite of the displacement of the head of the bone. One case in particular has struck us—namely, the autopsy of a soldier in Poland, who

walked somewhat lame from a slight elongation of the leg, though not thereby prevented from doing active duty. Having died of cholera, the post-mortem examination proved that a false joint had formed in front of the thyroid foramen, the head of the femur being somewhat flattened. Another case is that of a soldier who *three days* after a fall perceived that he walked lame. The symptoms usually ascribed to the luxation in question were present, the limb being about an inch longer than its fellow. Reduction under chloroform was resorted to, and the patient was well in about three weeks. M. Sédillot remarks that in this luxation rotation of the foot inwards is generally impossible, and that the great trochanter is turned inwards, backwards, and downwards.

LONGEVITY IN ENGLAND. — It speaks well for the healthiness of England that in the year 1859, for which the returns have just been published, the list of deaths included 25 men and 56 women who had attained what Dr. Farr calls "the natural lifetime of a hundred years." The oldest man in the obituary of the year died at Sunderland, aged 107; a woman in Wokingham district, Berks, was 108; and two women, one in Monmouthshire and one in South Wales, had reached the patriarchal age of 110. Of the centenarians eight were found in London; the county that could boast the largest number is Somersetshire, in which there were seven.

Obituary.

COMMANDER RICHARD BAYLY BOWDEN, R.N., M.R.C.S., L.A.C.

WE have to record the loss of a gallant officer and a highly esteemed member of the profession. Captain Bowden entered the navy in 1803, and served as midshipman in the *Britannia* at the battle of Trafalgar. He afterwards served against Copenhagen in 1807, and continued in active employment until 1814. Shortly afterwards he joined the *Orlando*, and served in Chesapeake Bay during the American War. On the return of peace he entered the medical profession, and, completing the required curriculum under Abernethy at St. Bartholomew's Hospital, became a member of the College of Surgeons and a licentiate of the Apothecaries' Company. He practised the profession for some years at Star Cross, and subsequently at Dawlish, with great credit and respectability. He had previously married into a branch of the Derby family—Miss Jane Stanley, daughter of the former rector of Ormskirk. Opportunity at length being offered him, his love for the blue jacket induced him to return to the navy, and for many years he commanded the coast-guard at Reculvers. Always desirous to be active and useful, he was ever ready to lend a hand either in his medical or nautical capacity; and he received on many occasions thanks, and on one a testimonial, for having saved lives from a shipwreck. Captain Bowden was also the original proposer of a plan very similar to that now adopted for forming a reserve in the merchant service.

It is seldom that a man has been more regretted. His life was a constant scene of active yet unobtrusive kindness. Brave and true-hearted as a sailor, clear-headed and benevolent as a medical man, he was always ready. He died at Herne Bay on the 12th inst., and was borne to his grave by the coast-guard men, who greatly loved and respected him.

MEDICAL VACANCIES.

THE election of a Resident-Surgeon to the Bristol Dispensary will take place on Thursday, the 3rd of October next.

The office of Assistant-Surgeon to the Hospital for Sick Children has become vacant.

TWO Physician's Assistants are required for the Manchester Royal Infirmary and Dispensary.

MEDICAL APPOINTMENTS.

DR. W. MOORE has been elected Physician to Mercer's Hospital, Dublin.

Mr. George Callender has been appointed Assistant-Surgeon to St. Bartholomew's Hospital.

Mr. David Moore has been appointed Medical Officer to the Articlave Dispensary, Co. Londonderry, in succession to Dr. William Taylor, deceased.

Mr. Thomas William Walsh has been elected Surgeon to the Worcester Infirmary, in the room of Mr. Carden, resigned.

Dr. Tristram Cary has been appointed Medical Officer to the Claudy Dispensary, Co. Londonderry, vacant by the decease of Mr. Jas. Douglass Smyth.

MILITARY AND NAVAL MEDICAL INTELLIGENCE.

THE Queen has been pleased to appoint Charles Henry Fowler, Esq., to be Colonial Surgeon for the Island of St. Helena.

Surg.-Major W. Hawtree, of the Army Hospital Corps, to have the local rank of Inspector while employed as Acting Captain of Orderlies at the General Hospital, Woolwich.

Commissions signed by Lords-Lieutenant.—1st City of Edinburgh Artillery Volunteer Corps: John Graham Macdonald Burt, to be Surg.; James Adam Hunter and Joseph Bell, to be Assist.-Surgs. 2nd (Stirling) Company of Stirlingshire Volunteer Artillery: David Findlay, M.D., to be Hon. Assist.-Surg. Administrative Batt. of Stirlingshire Rifle Volunteers: James Cuthill, M.D., to be Assist.-Surg. 1st Lincolnshire Artillery Volunteer Corps: Adam Andrew Mercer, M.D., to be Assist.-Surg; Thomas Small, Gent., to be Hon. Assist.-Surg. 1st Devon Light Horse Volunteers: M. R. Richmond, to be Hon. Veterinary Surg. 6th West Yorkshire Militia: Her Majesty has been pleased to accept the resignation of the Commission held by Assist.-Surg. H. Julian Hunter. 3rd Administrative Batt. Essex Rifle Volunteers: Robert Growse, M.D., to be Surgeon.

Births, Marriages, and Deaths.

BIRTHS.

On the 17th ult., at Malabar-hill, Bombay Presidency, the wife of Thomas Diver, M.D., of a daughter.

On the 26th ult., at Finsbury-circus, the wife of Jonathan Hutchinson, Esq., of a daughter.

On the 18th inst., at Queen-square, Bloomsbury, the wife of John William Billing Stegrall, Esq., M.R.C.S., of a daughter.

On the 20th inst., at Ballintemple, Co. Cork, the wife of Wm. J. Cummins, M.D., of a daughter.

On the 23rd inst., at Droitwich, the wife of S. S. Roden, M.D., of a daughter.

On the 24th inst., at St. James's-place, Old Kent-road, the wife of J. Andersen, M.D., of a son.

On the 26th inst., at Ryde, Isle of Wight, the wife of Wm. Frod. J. Turner, L.R.C.P., of a son.

On the 29th inst., at Exmouth, the wife of T. M. Ward, Esq., M.R.C.S., of a son, still-born.

MARRIAGES.

On the 17th inst., at Croft, near Darlington, J. H. Merrywether, Esq., M.R.C.S., to Elizabeth Mary, eldest daughter of Henry Corney, Esq., all of Guisborough.

On the 20th inst., at St. John's Church, Walham-green, Joseph Marshall, Esq., of Leeds, to Mary Ann, daughter of Dr. J. W. Perkins, A.M., F.R.C.S., of London.

On the 20th inst., at the British Embassy, Paris, Thomas Ligertwood, M.D., K.L.H., 13th Light Infantry, to Emma, widow of John Howel Davies, Esq., of Titenhurst, Sunninghill, Berks.

On the 20th inst., at Edinburgh, Henry Wheeler, L.R.C.P., youngest son of Charles Wheeler, Esq., of Clifton, to Janet, daughter of the late Robt. Home, Esq., of Edinburgh.

On the 21st inst., at Kibworth, Leicestershire, C. Spriggs, M.D., of Great Basford-villa, near Bedford, to Elizabeth Gimson, only daughter of Benjamin Cooper, Esq., of Glenn Magna, near Leicester.

On the 22nd inst., at the Cathedral, Manchester, David Russell, M.D., of Neston, to Hannah, daughter of the late Jephtha Lacey, Esq., of Higher Broughton, Manchester.

On the 22nd inst., at Christ Church, St. Marylebone, W. M. Hedgeland, Esq., of Upper Gower-street, Bedford-square, to Lucy, youngest daughter of the late John Sweatman, M.D., of Middlesex Hospital and Berners-street.

DEATHS.

In July, at the Medical Department, Hong-Kong, Wm. Cole, Esq., youngest son of the late R. S. Cole, Esq., of Cornhill, Ipswich.

On the 13th inst., at Hyde, George Brown Payne, Esq., M.R.C.S., aged 29.

On the 17th inst., at Springwell House, Hayes, Middlesex, Francis Thomas White, M.D., third son of the Rev. J. C. White, Rector of Rawreth, aged 38.

On the 21st inst., at Royston, Wm. Lovett, Surgeon, aged 65.

On the 27th inst., at Clifton, John Gannon, Esq., Surgeon R.N., aged 73.

Medical Diary of the Week.

MONDAY, SEPT. 2	ROYAL FREE HOSPITAL.—Operations, 2 P.M. METROPOLITAN FREE HOSPITAL. — Operations, 2 P.M.
TUESDAY, SEPT. 3	GUY'S HOSPITAL.—Operations, 1½ P.M. WESTMINSTER HOSPITAL.—Operations, 2 P.M.
WEDNESDAY, SEPT. 4	MIDDLESEX HOSPITAL.—Operations, 1 P.M. ST. MARY'S HOSPITAL.—Operations, 1 P.M. UNIVERSITY COLLEGE HOSPITAL. — Operations 2 P.M. ROYAL ORTHOPÆDIC HOSPITAL. — Operations, 3 P.M.
THURSDAY, SEPT. 5	ST. GEORGE'S HOSPITAL.—Operations, 1 P.M. CENTRAL LONDON OPHTHALMIC HOSPITAL. — Operations, 1 P.M. LONDON HOSPITAL.—Operations, 1½ P.M. GREAT NORTHERN HOSPITAL, KING'S CROSS.—Operations, 2 P.M. LONDON SURGICAL HOME.—Operations, 2 P.M.
FRIDAY, SEPT. 6	WESTMINSTER OPHTHALMIC HOSPITAL. — Operations, 1½ P.M.
SATURDAY, SEPT. 7	ST. THOMAS'S HOSPITAL.—Operations, 1 P.M. ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M. KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M. CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

To Correspondents.

CONSULTATIONS WITH HOMŒOPATHS.

WE have received several communications from Brighton, alleging that two regular practitioners are constantly in the habit of attending cases with two notorious homœopaths in that town. Is it possible that such an unholy alliance can exist? We shall be very glad to receive full particulars of the cases for our guidance in any steps we may think it desirable to take in the matter.

Chirurgus, (North Britain.)—"Kerosolene" is a new anæsthetic agent introduced by Dr. H. J. Bigelow, of Boston, U.S. Its properties were suspected from its having accidentally affected a man sent in to clean a cistern at the Kerosene works. It was afterwards tried on flies and mice. So far as we know, it has been employed as yet only in three cases of operation. It would be premature to decide definitely upon either its advantages or its drawbacks, of which it would appear to have both.

L.S.A.—Yes, he can recover, provided he was qualified at the time of the attendance.

An Old Subscriber, (Margate.)—It would depend on the contract, if any were made. Was there an agreement, and if so, what was its nature?

C. Z.—Dr. Pitman, the Registrar of the College of Physicians, could afford the information required.

A Pharmaceutical Student.—"Prophylamine" is obtained by distillation with caustic potash from various sources. For medicinal employment, it is better to make use of herring-pickle in its preparation. The chloride of prophylamine, in three-grain doses, is the more desirable form for its administration.

PROFESSIONAL ETIQUETTE.

To the Editor of THE LANCET.

SIR,—I beg to call your attention and that of the medical profession to the following extracts from a series of testimonials appended to a circular, which has been distributed in the neighbourhood of Spital-square. The main object of this circular is to inform persons, who might otherwise be ignorant of the subject, of "the professional attainments and position of Dr. Edmunds," in order that they "may rely with comfort upon his ministrations":—

"CÆSAREAN SECTION.—This rare and fearful operation has been performed at Bethnal-green with remarkable success, both mother and child being now alive, and promising to do well. The medical gentleman attending the case called in Dr. Edmunds, of Spital-square; but, after an unavailing delay of five days, this operation appeared to offer the only chance for either life, as cancerous disease of the mother had caused an insurmountable obstruction to natural delivery. The operation was performed by Dr. Edmunds, assisted by five other medical gentlemen. Thanks to chloroform, there was no suffering; and when the mother returned to consciousness, she found herself comfortably placed in bed, a living child by her side, and no sense of pain, except the smarting of the now closed incisions."—*The Times*, Dec. 11th, 1860.

"A successful case of Cæsarean operation has been performed by Dr. Edmunds, of Spital-square. We may indeed call it successful, for both mother and child were thereby saved. Awkwardly enough for the operator, the placenta was so placed that it was necessarily cut through in the operation; but his decision and rapidity in this part of the proceeding saved the mother's life. She must have bled to death had there been a moment's hesitation. Full details of this interesting case will be found in THE LANCET of January 5th. This successful case may probably again bring forward a discussion upon the relative merits of embryotomy and the Cæsarean section in certain cases. Sure enough it is that operations which until recently were looked upon as proceedings not to be thought of, are, under an improved method of surgery, becoming far more successful than was anticipated."—*British Medical Journal*, January 12th, 1861.

"12, Hinde-street, Manchester-square, Jan. 14th, 1861.

"MY DEAR SIR,—I write to congratulate you heartily upon your successful case of Cæsarean section. It is, I believe, taking it all in all, the best recorded case in medical literature.

"I am, dear Sir, most truly yours,

"B. W. RICHARDSON, M.D.,

"Lecturer on Physiology, Grosvenor-place School of Medicine.

"Dr. Edmunds, Spital-square."

These extracts speak for themselves, and require no comments to insure for their publication, under their present auspices, the reprobation of those who are anxious to maintain the honour and respectability of the medical profession. As specimens of the professional puff, of the gross and indelicate kind, they have rarely been equalled, and certainly have never been surpassed.

I enclose my card, and am, Sir, your obedient servant,

August, 1861. CHIRURGUS.

A Subscriber.—Under the circumstances of the case, E. acted with perfect consistency in retaining the patient. It would be difficult to imagine any justifiable ground for his refusing to act as the medical attendant of the family. As E. has acted with propriety, his conduct will be upheld by all those who understand the question.

Dr. T. Williams, (Swansea.)—The communication "On the Uncertainty of the Sputum as a Diagnostic Feature in Pneumonia" shall be inserted in our next impression.

Impatiens.—He could pass the College, but not the Hall, previously to the termination of his apprenticeship.

The "Encyclopædia Britannica."—In our review of this work (Aug. 10th), the article "Surgery" is stated to have been written by Dr. Cragie, whereas it was wholly contributed, both to the present and former editions, by *Professor Miller*.

Twenty Years' Subscriber (Durham) is entitled to charge reasonably for visits and medicines in either a surgical or a medical case. In the town, 2*s.* 6*d.* a visit, and 1*s.* for every mile beyond.

A Constant Reader shall receive a list of the books which he requires by means of a private note.

M.R.C.S., (Thorne.)—Published by Churchill, price 8*s.* 6*d.* and 10*s.* 6*d.*

Layer.—1. Under the present regulations, the law does not allow him to be appointed permanent medical officer of the district.—2. The Board in London would be compelled to act upon the statute. The resident would be preferred to the non-resident practitioner. Much, however, would depend upon the report that the guardians might submit to the Board in London; but as the question at issue is one entirely of law, it would be difficult to form an opinion upon the course which the Board in London might pursue.—3. We think that the principal in such a case is not entitled by law to name a substitute. The regulations of the Poor-law Board could never have contemplated the appointment of a substitute. If such a regulation were permitted, no great sagacity is required to foresee the abuses which might follow.

Mr. J. Smith.—The legal meaning of the clause is, that he shall not *attend a patient* within the specified distance.

A Sufferer must send his name and address in confidence.

Obstetrician.—Some practitioners in Auvergne have lately substituted "ergot of wheat" for ergot of rye. It is stated to be larger, rounder, and harder than the rye, and its odour less disagreeable. As it attracts moisture far less than does ergot of rye, it is believed to retain its activity for a longer period after being powdered.

Dubio.—Yes, under the regulations of the Medical Council.

Mr. J. Adams' paper has been unavoidably postponed in consequence of the engravings not being completed. It shall appear next week.

W. H. F. (Manchester) says,—

"Some little time back you were good enough to allow space for a communication from me in reference to homœopathic consultations in Manchester. Will you now permit the insertion of a few lines in reference to Mr. Fergusson. My object in writing is simply to suggest that the profession should in some way mark its approval of the straightforward manner in which Mr. Fergusson has acquiesced in the expressed wish of his brethren in regard to homœopathy. By so doing we shall not only evince our approval of his decision, but also testify to the public our determination collectively to resist and expose the homœopathic quackery wherever and whenever it manifests itself."

A Subscriber, (Ashby-de-la-Zouch.)—As his name appears on the Register, he has a right not only to assume the title, but to practise in this country. The circular is in bad taste; but there is no remedy for such unprofessional proceedings.

COLLEGE OF DENTISTS.

To the Editor of THE LANCET.

SIR,—May I trouble you to correct a statement which appeared in your journal of the 10th instant. In the answer to Mr. Waite's letter, reference is made to the dentists who still advertise, and amongst the list of which I find my name exposed as one who uses advertisements. I beg therefore to contradict such a false assertion, having discontinued advertising since April, 1860, in any form, which must have been patent to the writer of the letter in question, as that advertisement was laid before the Board of Dental Examiners at the College of Surgeons, and formed the ground of refusal to my being admitted to the Dental examination, although I applied to be examined nine months after I ceased to advertise in any shape.

I am, Sir, yours obediently,

Bury St. Edmunds, Aug. 1861. G. WAYLING.

A Pathologist, (London.)—The *Boston Medical and Surgical Journal* for June 20th contains a paper by Dr. Threph, translated from the German, upon the subject of pus corpuscles in the air. In it an attempt is made to show that the air in the case in question was really the medium for the transmission of the purulent element of acute conjunctival blennorrhœa.

A. B.—The town is badly drained. Inquiries shall be made.

Mr. Arthur Bell.—We should have been happy to comply with the request of our correspondent; but it would be impossible for us to refer to the numerous instances in which the subject has been treated.

A Subscriber.—There will be no impropriety in attending such a case.

A Young Carpenter had better consult some respectable surgeon, and refrain from reading works on the subject of his complaint, as they are generally mere quack productions.

THE letter of *An Adjutant, R.V.*, shall be published in our next.

ERRATUM.—In Dr. Nichols' "Case of Conservative Surgery," published in THE LANCET last week, page 195, line 21 from top of second column, for "washed," read "wiped."

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. John Warner; Mr. C. H. Cornish; Mr. Ponsonby Adair; Dr. C. R. Bree; Mr. A. Bell; Dr. Pearse; Mr. Wayling; Dr. Edwards, Cheltenham; Dr. R. Inglis; Mr. H. Atree; Dr. P. J. Hynes, Nottingham; Mr. W. B. Kesteven; Mr. M. Smith; Dr. St. John Edwards, Malta; Mr. S. Parker; Mr. R. Leigh, Beaminster; Dr. Hutchinson; Dr. J. T. Arlidge; Mr. T. Ellis, Brighton; Mr. W. Smith, Nunneaby, (with enclosure;) Mr. Morton, Market-Deeping; Mr. Maybury, Dublin; Dr. Roden, Droitwich; Mr. W. Whereat, Bristol; Dr. M'William; Mr. J. Mummery, Iver; Mr. R. Cox, Chesham, (with enclosure;) Mr. J. A. Magrath, Teignmouth; Mr. Turner, Alfreton; Mr. Fernell, Sheffield; Mr. Edwardes, Llansaintffraid; Mr. W. Smith; Mr. Acton; Mr. J. H. Bennett, Haxey, (with enclosure;) Mr. Baker, Kimbolton; Mr. T. H. Hawkins; Dr. W. Helps; Mr. J. Reid; Mr. H. L. Sequeira; Rev. J. D. d'Oresy; Mr. Gane; Mr. Macilwain; Mr. J. Taylor; Dr. Richardson; Mr. Fairles, (with enclosure;) Mr. Dowell, (with enclosure;) Mr. Tombs, Cirencester; Mr. Graham, Epsom; Mr. Ward, Exminster; Mr. Keyes, Canterbury, (with enclosure;) Dr. Robertson, Buxton, (with enclosure;) Mr. J. Chippendale; Messrs. Black, Edinburgh; An Adjutant, R.V.; A Subscriber; O. Z.; The Secretaries of the Asylum for Idiots; Scalpel; Secretary to the Polytechnic; A Sufferer; X. Y. Z., Leicester, (with enclosure;) Medicus; A. M; Secretary of the German Hospital; J. H.; Secretary of the London Ophthalmic Hospital; A Country Surgeon; &c. &c.

PULVIS JACOBI *VER.*, NEWBERY'S.

To the Medical Profeſſion of Great Britain and Ireland.

GENTLEMEN,—We beg to call your attention to the following extracts from a Paper by the late John Cheyne, M.D., F.R.S.E., M.R.I.A., Phyſician to the Hardwicke Fever Hoſpital, Dublin, and Phyſician-General to His late Majeſty's Forces in Ireland, &c. &c., contained in the "*Dublin Hoſpital Reports*," *vol.* I, *p.* 317.

"Since this caſe came into my poſſeſſion, I have been led to "make a good many clinical experiments, which have enabled me "to verify the reports which I had heard of the efficacy of JAMES'S "POWDER, in ſometimes removing the APOPLECTIC DIATHESIS in "perſons advanced in life. It is, moreover, worthy of obſervation, "that JAMES'S POWDER has been of remarkable utility in "certain inſtances of DETERMINATION OF BLOOD TO THE HEAD, which "occurred at an early period of life, and threatened to end by "effuſion. Laſtly, in two caſes of GENERAL PLETHORA, in which, "however, the head was more affected than any other part, "JAMES'S POWDER was exhibited by me with perfect ſucceſs."

Alſo *vol.* I, *p.* 320.

"The following very ſimple method of exhibiting JAMES'S "POWDER, in caſes of undue determination of blood to the "head, is that which I have generally purſued. The patient is "made to begin with a very moderate doſe, not more than two "grains at bedtime, and to increaſe the doſe by half-a-grain every "night, until ſome ſenſible effect is produced upon the ſtomach, "bowels, or ſkin. Should the ſtomach be affected with ſickneſs, "the doſe muſt be leſſened by one grain on the following night. "By the addition of a little rhubarb to it, a larger quantity of "JAMES'S POWDER may be adminiſtered than the ſtomach could "otherwiſe bear. If the ſkin is ſoftened, or the bowels affected, "the doſe ſhould not further be increaſed, but it muſt be repeated "every night for a conſiderable length of time: in ſeveral inſtances "I have known eighteen or twenty grains taken for a conſiderable "period without any inconvenience."

The following extract (ſhowing the increaſing eſtimation in which the true Dr. James's Powder is held by Medical Practitioners) is taken from "The Lumlæan Lectures," 1858-59, delivered before the Royal College of Phyſicians, by A. Tweedie, M.D., Phyſician to the London Fever Hoſpital, who is admittedly one of the higheſt practical authorities on the ſubject of Fever. He ſays, ("*The Lancet*," *June* 16, 1860, p. 590,) as follows:—

"If the febrile excitement be ſuch as to require antimonial prepa- "rations, a pill containing 2 or 3 grains of James's Powder (prepared by "Newbery) ſhould be taken at intervals according to circumſtances."

In writing to Meſſrs. Newbery, he ſays:—

"I wiſh that your preparation was always uſed."

To ſecure the diſpenſing of the *original* preparation, which, for 114 years, has been ſold by the houſe of Newbery and Sons, in St. Paul's Churchyard, it is neceſſary to preſcribe it as "PULVIS JACOBI VER., NEWBERY'S," otherwiſe another article (wanting in the beſt properties, and recommended to be given in a different code of doſe, *though called by the ſame name*) may be ſubſtituted for the original medicine.

This ſubſtitution muſt bring diſappointment, and of courſe deter Practitioners from preſcribing Dr. James's Powder, or lead them to regard it as a preparation on which no dependence can be placed.

FRANCIS NEWBERY AND SONS.

45, *St. Paul's Churchyard, London.*

Prices for Diſpenſing ¼ oz. Bottle, 3*s.* 4*d.*; 1 oz. 9*s.*
Uſual Diſcount to the Profeſſion.

PITT'S PATENT TONIC WATER.

TESTIMONIAL FROM

DR. MARGETSON AND DR. MEDLOCK.

"HAVING with my friend Dr. MEDLOCK carefully examined the compoſition and general characters of the beverage known as '**PITT'S PATENT TONIC WATER**,' I have much pleaſure in expreſſing my high opinion of the merits and valuable qualities of this agreeable beverage, both as regards its hygienic properties, and alſo as a remedial agent.

"The chemical compoſition of this preparation—viz., carbonic acid in a naſcent ſtate, diffuſed through the pureſt water, and holding QUININE in ſolution, renders the ſame light, grateful, and eaſy of digeſtion; and every medical practitioner is aware of numbers of people who, from idioſyncraſy of conſtitution, or otherwiſe, cannot digeſt QUININE in the various forms of pharmaceutical preparations in which we uſually find this valuable material.

"In caſes where the uſe of QUININE or a light tonic plan of procedure is ſpecially indicated, as in slight derangement of the digeſtive organs, in conſtitutional debility, with or without the ſtrumous diathesis, this beverage would be found a moſt beneficial agent in imparting appetite, promoting aſſimilation of food, and invigorating the ſyſtem at large; and eſpecially where wines and the various forms of malt liquor, either ſtill or effervescent, are apt to produce flatulence, acidity, head-ache, feverishneſs, &c., and my opinion is, that the uſe of this Water might be continued from day to day as an ordinary beverage with great benefit to health in caſes where fermented drinks are contra-indicated or diſagree, and even where ſoda-water or other effervescent beverages cannot be employed for any length of time without inducing debility.

"Again, in febrile, nervous, epileptic, hyſterical patients; in the neuralgic, rheumatic, and gouty temperaments, eſpecially in a chronic form; and in tropical or hot climates, in which very often ſtronger beverages are quite inadmiſſible, the 'TONIC WATER' will be found a moſt valuable diet drink, in promoting appetite and digeſtion, and would be found of peculiar value to patients convaleſcing from the fever or dyſentery of India and other hot climates.

"In caſes of ſea-ſickneſs, it will be found of great ſervice in allaying the more diſtreſſing ſymptoms.

"N.B.—In ſome caſes, a ſmall portion of wine or French brandy may be required to be added to the 'Tonic Water:' wine in thoſe more eaſily ſtimulated, and brandy where a more potent adjunct is requiſite, as in ſome inſtances *all* effervescent beverages are apt to produce a ſenſe of weight and coldneſs in the ſtomach, with flatulency or ſpaſms.

(Signed)

"PARKER MARGETSON, M.R.C.S.L., L.A.C.,
34, George-ſtreet, Hanover-ſquare, London.

"HENRY MEDLOCK, PH.D., F.C.S., M.P.S.,
20, Great Marlborough-ſtreet, London."

Manufactory—28a, Wharf-road, City-road, London, N.

Pitt's Soda Water, Lemonade, Seltzer Water, &c.